

U&I Care Limited

Burton House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15/13/16 February 2015 and was arranged with short notice to ensure that people being supported were given the opportunity to meet us during this inspection.

Burton House is a care home for six adults that provides support and short breaks to young adults with autism/ learning disabilities and complex needs. Burton House is run by U&I Care Limited. It also provides day service support for a small number of people. The home is located in a residential area of Warrington, close to shops

and other local facilities. People staying at the home are supported by staff on a 24 hour basis. Each person has their own bedroom and shared communal areas. There are large well maintained gardens at the back of the house and parking at the front of the building.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were four people staying at the home on the day of our visit. We spoke with people staying at Burton House and relatives who acted on their family member's behalf. They were happy with the care provided and the staff providing support. We observed relaxed and friendly relationships between the people staying at the home and the staff team members. Everyone staying at the home looked relaxed and comfortable with the staff.

Staff knew the people they were supporting and provided a personalised service during each person's short break. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were knowledgeable about risks and how to protect each person in keeping them safe and comfortable during their stay.

Staff were up to date with training necessary for their role and felt well supported with their training needs. They had the skills, knowledge and experience required to support people with their care needs. Staffing levels were

provided on a one to one basis to provide individual support for each person and the registered manager regularly reviewed staffing levels to offer flexibility in providing staffing numbers to meet people's changing needs.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs during their stay.

We saw that people's medicines were securely stored and safely managed. Staff were aware of the actions to take in the event of an error when giving medicines.

The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the registered manager and provide feedback on the service. The registered manager regularly made unannounced visits to the home to review the quality of the service provided.

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.

Risk assessments were in place which included information about how to manage and reduce risks to ensure people's safety. Staff were trained to recognise any type of abuse and were knowledgeable and committed in protecting the people they supported.

We found there were safe processes in place to support people with their medication.

There were appropriate staffing levels and management of staffing to meet the needs of people who stayed at Burton House.

Staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with people staying at Burton House.

Good



Is the service effective?

The service was effective.

People's dietary needs were managed with reference to individual preferences and choice. Staff supported people to independently prepare their own meals and snacks.

Staff received appropriate, up-to-date training and support. They had the skills, knowledge and experience required to support people with their needs.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health during their short break.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People staying at Burton House confirmed that they had choices with regard to daily living activities and that they could choose what to do and where to spend their time during their short breaks. People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Detailed support plans were in place outlining people's choices in regard to their care and support needs. Care files were reviewed regularly so staff knew what changes, if any had been made. Staff were knowledgeable about each person's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community socially, for work and for education. They helped promote and support independence for each person staying at Burton House.

Good



Summary of findings

The home had a complaints policy describing how complaints would be managed to ensure that complaints would be addressed within the timescales given in the policy. We found that improvements were needed in the recording of one complaint raised to help improve transparency and provide a better audit trail of the outcomes of the comments raised.

Is the service well-led?

The service was well led.

There was open communication within the staff team and staff felt comfortable discussing any issues and suggestions with their registered manager.

There were processes in place for recording accidents and incidents. Appropriate action was taken in response to incidents to maintain the safety of people who stayed at Burton House.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Good



Burton 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 5/13/16 February 2015 and was arranged with short notice to ensure that people being supported were given the opportunity to meet us during this visit.

The visit was undertaken by one adult social care inspector.

Before our inspection the homes are asked to complete a provider information return [PIR] which allows us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider told us they did not receive this request for completing a PIR.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our

inspection. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Burton House.

Burton House offers a domestic style property so we gained the consent and cooperation of people staying at the home and their staff team to allow us to spend time in various areas of the building.

During our inspection we observed how staff supported people throughout the day. We spoke with two people staying at Burton House and five family members via telephone who acted on behalf of their relatives. We spoke with three support staff, the registered manager, the office manager and the administrator. We received information from one clinical professional who had worked with Burton House.

During our inspection we went to the provider's head office to look at various records that had been stored there. We looked in detail at the support plans of four people. We used a number of different methods to help us understand the experiences of people staying at Burton House. We looked at a sample of documentation in relation to how the service was operating, including records such as: medicine management; staffing rotas; risk assessments; complaints; recruitment; training; supervision; policies and procedures; minutes of meetings and various quality assurance audits for monitoring the quality of the home.

Is the service safe?

Our findings

We spoke with people who stayed at the home and they said they felt safe and supported during their short breaks. Relatives were very positive about Burton House and felt their family members were safely supported. They offered various positive comments such as:

“We feel our relative is safe there”, “I feel my relative is safe at Burton House”, “I feel my relative is in safe hands” and “I have visited a few times and it says a lot seeing my relative so comfortable and safe with staff.”

We observed the home to be highly maintained and decorated and refurbished to a high standard. Burton House was modern in design and suitable for young adults; it had been adapted to meet the needs of the people staying at the home.

Staff had received training in safeguarding. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures and assured us that they would not hesitate to report any allegation of abuse. Recent safeguarding records were detailed and showed appropriate procedures in place for safeguarding people and showed the staff had been fully cooperative with any social service or commissioner review. The service had effective procedures for ensuring that any safeguarding concerns they had regarding people receiving support from Burton House were appropriately reported and managed.

Assessments were undertaken to assess any risks to the person using the service and staff supporting them. They included environmental risks and any risks due to the health and support needs of each person. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example some people who stayed at the home experienced behaviour that challenged on occasions. Support plans and risk assessments showed clear guidance describing how staff should support the person when their behaviour escalated to help keep them safe and calm.

We observed staff respectfully supporting people to help them to deal with their anxieties and behaviours which resulted in a calming atmosphere where staff showed good insight and expertise in de-escalating challenging

situations. We could see that the home’s staff members were working closely with people and where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. The registered manager reviewed any incidents and accidents and had detailed records using tracking numbers to help her and her team review each incident and to help staff learn from each event.

We looked at a sample of medication records. Medications were safely locked in a separate room and records were appropriately kept showing safe management of people’s medications. Staff felt well trained and supported in managing people’s medications when they stayed for their short break. The home had developed medication audits. These checks were regularly completed by senior staff. They helped show how staff were supported and supervised to safely manage medications to an appropriate standard.

Relatives told us they were happy with the staffing levels and one person told us, “The staffing levels are good.” They felt the home always had enough staff to provide one to one support to their family member.

The registered manager produced staffing rotas that demonstrated how she provided sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service each week and their needs. We observed staff adjusting the staffing levels in a sensitive manner according to the needs of people using the service. We saw that the number of staff supporting a person were increased during our visit and changed once staff identified a need. The registered manager also worked alongside her staff team. She had regularly worked at night and throughout the day when situations arose where she considered the need to provide additional support. Staff were happy with the staffing levels and felt they had enough staff to appropriately support people staying at Burton house, especially with their individual choices in what they wanted to do such as trips out.

There were suitable recruitment procedures in place and the required checks were undertaken prior to staff starting work. We looked at a sample of staff files including newly recruited staff to check that effective recruitment procedures had been completed. Personnel files were very organised and included appropriate checks to show effective recruitment and management of staff especially in

Is the service safe?

checking references and criminal record checks. These thorough recruitment checks helped the home to ensure they were able to make safe recruitment decisions and prevented unsuitable people from working for Burton House.

Is the service effective?

Our findings

People supported and relatives told us they liked the staff. Relatives offered various positive comments about the staff and support provided by them, including:

“He enjoys going, he has his favourite staff”, “Staff are very good, well trained and understand”, “Staff are fantastic, can’t fault them”, “Like living with family it’s more than just a job to staff, they are more of a family member”, “Things are going quite well” and “My relative is happy there and well fed.”

People we spoke with and the staff told us that they often went shopping with the staff to choose their meals and food for their short break. Care plans identified any specific diets such as ‘high cholesterol’ and what support each person needed with their meals and fluids. This was done by discussing likes/dislikes and what people felt like eating. This provided a very flexible menu for people and in practice it meant that at any mealtime, different meals could be prepared based on individual choices. Drinks and snacks were readily available whenever anybody wanted them. We observed people returning to the home in the afternoon from various trips out and everyone was in the kitchen helping themselves to pizzas which had been delivered. The atmosphere was relaxed and enjoyable where everyone was enjoying the social part of eating in this large communal kitchen.

People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health during their short break at Burton House. We saw from care records that staff had called the necessary health professional such as the GP when they had concerns about a person’s health which helped them to support their healthcare needs.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people staying at the home. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act (MCA 2005). This was introduced to help ensure that the rights of people who had difficulty in

making their own decisions were protected. The aim is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had completed one authorisation request for a DoLS authorisation and was in the process of submitting it to the local authority. The registered manager demonstrated a good understanding of supporting people in a way that did not inappropriately restrict their freedom.

Care plans showed evidence of one person staying at the home who had signed consent forms in regard to whether they were happy or not for photographs to be taken for their care file. The care file showed evidence of regular consultation with the person being supported in gathering their consent and opinions about their support and care.

Staff had the knowledge and skills required to meet the needs of people who stayed at the home. Staff explained they had access to a wide variety of training that was offered each year which covered a wide range of subjects such as: Health and safety; food hygiene; first aid; move and handling; safeguarding; medications; Mental Capacity Act; challenging behaviour; equality and diversity; autism; epilepsy; record keeping and physical intervention.

We noted that the registered provider had their own in-house trainers who supplied certified training for ‘physical intervention.’ We met the homes trainer and they acknowledged the need to further develop their policy and training material to clearly show what support they covered in regard to ‘physical intervention.’

Staff spoken with confirmed they had received the required training to develop their skills and knowledge in how to appropriately support people. All new staff members completed a four week induction training programme. Staff told us this induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised, [shadowing is where a new staff member worked alongside either a senior or experienced staff member]. However the use of shadowing had not been recorded within staff induction records. The registered manager told us they would be developing the induction records to show all aspects of support provided to new

Is the service effective?

staff. Staff were positive about the support they received during induction which they felt helped them to get to know people and get to know their job. They were very positive regarding how their training needs were managed.

Staff received regular supervision and appraisal from their manager. The records of supervision were detailed and

showed that staff were given the opportunity to discuss their responsibilities, the support needed for the people staying at the home, performance and any further training they required. Staff spoken with said they felt well supported by the registered manager and enjoyed working at Burton House.

Is the service caring?

Our findings

People who stayed at the home were happy with the staff and they got on well with them. They told us they were happy and had been out for the day and were looking forward to the evening.

Relatives told us they were involved in developing their family member's support plan and what support they required from the home and how this was to be carried out. Relatives were positive about the caring nature of the carers working at Burton House and offered various complimentary comments such as:

"Our relative is happy we can see that he is happy, they do really well, it's a good place", "The fact our relative is happy tells us she is comfortable as she is not like that in every place", "I feel the staff and the manager just get my relative and they understand, the managers knows all of the service users inside and out" and "The staff are very respectful, well-mannered and polite."

Each person had their own single bedroom when they stayed at Burton House. Each bedroom was well maintained to a very high standard and had been furnished and decorated to reflect the preferences of the person who regularly stayed in that room.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. Staff had developed the use of signs for the toilet and bathroom so that when someone wanted their privacy they would put the sign on the door which indicated not to go into the room. The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear regarding their roles in helping people maintain their independence and ability to make their own choices in their lives.

We observed really good practices from staff who were polite, respectful and friendly with people they were supporting. Staff were mindful of some people wanting quiet time and their own company and others wanting reassurance and the need to be with staff at all times. Everyone staying at Burton House looked relaxed and comfortable with the staff team and pleased to be with them.

During our inspection we saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. The staff we met clearly understood the meaning of person centred care and it was evident they saw and treated each person as an individual, respecting their views and wishes. They described how they worked with people who used non-verbal ways to communication, some through their behaviours and mannerisms. They felt that taking the time to get to know each person helped them to better understand communications and requests from people being supported. The registered manager had developed detailed behaviour charts (for people who did not communicate verbally) which helped the staff team to assess people's reactions and moods during their stay and helped them to better understand what the person was communicating to them.

We received very positive comments from one clinical professional who had worked with the staff to support the needs of the people staying at Burton House with their communication needs. They told us that, "As an organisation U&I Care do extremely well at supporting the needs of their service users' communication. They access support from me when they require it and I find them to be personable, approachable and a flexible service keen to learn."

Is the service responsive?

Our findings

People supported and their relatives were happy with the activities that staff assisted them in accessing. People staying at Burton House told us they liked to do lots of things during their stay and they liked to meet up with other people staying. Some relatives told us:

“He likes to do various things, U&I Care helped him to go to various places and placements”, “I like that they ask me what a certain mannerism means, the care is very personal”, “Very happy with the care and support” and “My relative has two homes now, that is how they see it.”

People receiving support and their relatives told us they had regular contact with the staff and the registered manager. The majority of relatives felt there was good communication with the staff at Burton House and there were opportunities for them to feedback about the service. They all liked the communication books which the staff had developed to transfer with a person when they came to stay at Burton House and when they went Home. This communication book offered good continuity in communicating what was important and relevant to each person and it helped provide an updated diary of their short break. Two relatives felt that the communication books were not always updated but most felt that staff gave a good record and account of their family members stay at the home.

We looked at the pre-admission details for one person who had recently started staying at the home. The documents were detailed and showed that a transition plan was in place to enable the move from home to Burton House to be as comfortable as possible for this person. Meetings had been held with the person, their family and care managers. The person had visited Burton House gradually from a quick visit to having something to eat to help them to eventually be comfortable in overnight stays and to make sure they were happy and comfortable with the staff and the home.

We looked at a sample of support plans which were centred on the person as an individual. Support files contained relevant information regarding each person supported. Each person had a detailed person centred plan. This information covered all aspects of people's needs and requests and provided clear guidance for staff on how to provide care and support to people staying at

Burton House. The registered manager had developed targets for life skills that some people chose to use. The targets helped each person to understand how they could achieve their target with the use of certificates called, ‘Get a fantastic sheet’ when they had met what they set out to do. All of the support plans we looked at were well maintained. The plans were reviewed regularly by senior staff so all staff knew what changes, if any had been made.

The staff described how they reviewed behavioural risks on a regular basis for those people who were unable to verbally identify their needs. They used behaviour/mood charts to record all types of behaviours to look for any patterns they could identify to help provide additional support when needed. For example the registered manager explained they had previously identified a number of behaviours when a person became distressed. They had reviewed their charts and noted incidents occurred at set times and helped staff to offer various solutions to reduce the person's distress.

We observed people being supported in various ways that were reflected in their care plans. Each person had a personalised and varied programme of activities that they had identified as wanting to carry out during their short break. They had various goals they had identified and chosen, one person had indicated in their files, “I like being out in the community and being a part of social activities.” They also had set goals to try to identify new activities they may like to try.

People were supported to engage in a variety of activities within the local community and were encouraged to pursue their hobbies, interests, work placements and educational courses. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff encouraged people to maintain their independence and where appropriate staff prompted people to seek out new experiences and encouraged them to try a range of events.

For example, one person enjoyed going out for drives, others liked going the pub, working at their work placements, gym; walking around the local area and visiting local shops and cafes. The registered manager discussed various developments for the service including innovations and adaptations to the building to create more opportunities for when people stayed at home during their

Is the service responsive?

break. The home had an activities lodge recently built in the garden with plans to utilise this for in-house activities including future classes for, sewing, pottery and crafts once the kiln had been delivered and cookery lessons. Activities were personalised for each individual and staff were able to provide individual support due to the one to one staffing provided and the various vehicles available to use.

People staying at Burton House had no complaints or concerns. They told us they were happy. The majority of relatives we spoke with during the inspection told us they did not have any concerns. Relatives told us:

“I would be hard pushed to find a complaint” and “If we had any complaints we would raise them but we don’t

have any.” The home had a complaints policy describing how complaints would be managed to ensure that complaints would be addressed within the timescales given in the policy. The home had no recorded complaints since they first opened. However we found that improvements were needed in the recording of one complaint noted during our inspection to help improve transparency and provide a better audit trail of the outcomes of the relative’s comments. We acknowledged that the registered manager and social worker had worked in discussing the relatives concerns but the audit trail was not clear in regard to how they were managing their opinions.

Is the service well-led?

Our findings

Overall those people we spoke with during our inspection including relatives and people being supported were happy with the management of the home. They felt comfortable to ring the office or speak to support staff as they felt the staff were friendly and approachable. People staying at the home were happy to see the registered manager and were comfortable talking about their stay and what they were planning to do. Relatives offered various positive comments such as:

“I can ring the manager any time, I have her mobile”, “We are very happy with the service” and “We would recommend the service.”

The home had a manager who was registered with the Care Quality Commission and they were also the registered provider. The registered manager demonstrated that they had a hands on approach to supporting both the people who stayed at the home and their staff team. They promoted best practice to their staff team and they were knowledgeable in the most appropriate ways to support young adults with autism. Staff were led by a registered manager who provided high standards of care for staff to follow.

All of the staff members we spoke with were positive about the home and the quality of the care being provided. They were very positive about the management style of the registered manager. They told us they had no hesitation in approaching them to discuss any issues or suggestions. They all said they could raise any issues and discuss them openly within the staff team and within their team meetings. They shared various positive comments including:

“We can say and challenge anything” and “I love working here, it’s a nice atmosphere.”

The registered manager had a number of methods to monitor the quality of its service to people staying at Burton House ensuring standards were maintained. They ensured that staff were suitably trained and received regular supervision and they monitored this via their quality assurance checks. They provided organised records

to show good management in a number of areas by carrying out audits and checks covering: recruitment; accidents and incidents; medication audits; health and safety checks including weekly environmental checks; external contractor checks; updated certificates of maintenance; in house fire checks; hygiene audits and care file audits.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. She undertook a combination of announced and unannounced spot checks to review the quality of the service provided. She had not documented these visits but she advised they were developing a format to cover all of the quality checks they had in place.

The home had a large collection of policies and procedures accessible to all staff. Staff had signed policies to show they had accessed and read them. The registered provider had also developed a detailed staff hand book which gave each staff member a lot of information about their employment including reference to the policies and procedures they were expected to work with including policies covering: complaints; whistleblowing; data protection; equal opportunities and confidentiality.

The registered manager had developed a newsletter and showed us the draft copy they were planning on sending to everyone within the home. They aimed to send a newsletter to everyone who stayed at Burton House, their relatives and staff to help keep them up to date with any news and developments at the home.

We looked at a sample of notifications that the home had submitted to the Care Quality Commission since registration. A notification is information about important events which the service is required to send us by law in a timely way. This is to ensure that CQC were aware of any incidents that had taken place and what action the home had taken to address them. These records showed that the registered manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events including ‘safeguarding notifications.’