

MyLife Supported Living Limited

Burbank Mews

Inspection report

1-4 Burbank Mews
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15 January 2021
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Burbank Mews provides personal care for up to 12 people with a learning disability and/or autism in six bungalows. At the time of inspection seven people were using the service.

People's experience of using this service and what we found

Medicines were managed safely and effectively. Risks were identified and managed appropriately. There were effective processes to ensure lessons were learnt as the analysis of accidents and incidents had improved significantly. The premises were well maintained, clean and tidy. Recruitment procedures were robust. There were enough staff to meet people's needs and people were protected from the risk of abuse.

Quality monitoring systems were effective. Staff said the management team had made improvements and things had improved significantly. The service did not have a manager registered with the Care Quality Commission (CQC) at the time of this inspection, although an application had been submitted.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. Staff ensured they continually maximised people's choice, control and independence in a safe and inclusive environment, whilst also following national infection prevention and control (IPC) guidance. Each person had their own individual, person centred COVID-19 care plan and risk assessment which promoted their rights, privacy and dignity

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 30 April 2020 and updated report published 31 July 2020 after representations had been concluded) and there were multiple breaches of regulation. The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve person-centred care, the need for consent, safe care and treatment, good governance, staffing and fit and proper persons employed.

We served a warning notice on the provider and required them to be compliant with regulation 17 (good

governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 April 2020. On 29 July 2020 we completed a targeted inspection to check whether the requirements of the warning notice had been met, and found they had.

This service has been in Special Measures since 30 April 2020. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements regarding safe care and treatment, good governance and fit and proper persons employed. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements, as these key questions were both rated inadequate previously.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burbank Mews on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Burbank Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Burbank Mews is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, although the current manager had applied to become the registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the provider 24 hours' notice as we needed to be sure that the provider or manager would be available to support the inspection.

We visited the service on 15 January 2021. We requested information from the provider and received this between 19 January and 5 February 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited two people who used the service in their bungalows. We sought feedback from relatives via email and received one response.

We spoke with 10 members of staff including the operations manager, service manager, two team leaders and six support workers. We sought feedback from staff members via email and received 16 responses. We received feedback from three professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff recruitment and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last comprehensive inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last comprehensive inspection we found risks were not always well managed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

- Risks to people's safety and welfare were identified and well managed. People's care plans included risk assessments about current individual care needs and these were reviewed regularly. This information supported staff to care for people safely.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

Learning lessons when things go wrong

At our last comprehensive inspection we found risks were not always well managed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

- The analysis of accidents and incidents had improved significantly and contributed to better outcomes for people using the service. There were effective processes to ensure lessons were learnt.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

Staffing and recruitment

At our last comprehensive inspection we found recruitment procedures were not always safe. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

- Recruitment procedures were now safe and thorough. Staff files contained references and other appropriate background checks. Disclosure and Barring Service Checks were recorded accurately.
- There were enough staff to meet people's needs safely.

Using medicines safely

At our last comprehensive inspection we found medicines were not always managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

- Medicine administration records had improved and were now completed correctly. Records relating to prescribed creams were accurate.
- Care plans and risk assessments were up to date and reflected people's current needs regarding medicines.
- Records relating to 'when required' medicines had improved. Guidance on when to administer 'when required' medicines was person-centred. 'When required' medicines are given as the need arises, for example to relieve pain or reduce distressed behaviour.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We were somewhat assured that the service used PPE effectively to safeguard staff and people using the service. This was because we identified that a minority of staff were not 'bare below the elbow' (BBE). BBE is an infection prevention strategy intended to reduce transmission of infections whilst care is being provided. We also identified that the management of clinical waste could be improved in one bungalow. When we discussed this with the operations manager and manager, they took immediate action to address both issues.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The manager understood their responsibilities and any concerns were acted on appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last comprehensive inspection we found quality monitoring systems were not effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

- The provider had appointed a new manager from one of their other services. The new manager said they were well supported by the operations manager.
- Quality monitoring systems had improved and there was better oversight of the service. This meant potential areas for improvement were identified and acted on in a timely manner. The provider was due to introduce a new quality monitoring process shortly after our inspection, so improvements in this area need to be sustained.
- Staff reported there was more consistency across each of the bungalows in terms of staff approach and record keeping.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and relatives and acted upon.
- Staff said the management team had made improvements and things had improved significantly. One staff member said, "I feel supported by the management team. The documentation has been overhauled and is now much clearer and easier to use. The management team structure with [new manager] is working well. The management team are approachable and supportive."
- The manager and staff team promoted a positive culture which achieved good outcomes for people.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Working in partnership with others

- People benefitted from the partnership working with other professionals, such as social workers and community nurses.