

European Lifestyles (B) Limited

Burley House Nursing Home

Inspection report

258 Burley Road
Leeds
LS4 2LA
Tel: 0113 230 5485
Website: www.europeancare.co.uk

Date of inspection visit: To Be Confirmed
Date of publication: 04/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection carried out on the 21 July 2015.

Burley House is registered to provide nursing care for 22 people. It is situated in the Burley area of Leeds. Buses into Leeds City Centre and surrounding areas are within easy access. Local shops and amenities are a short distance from the home, and a large leisure complex is within ten minutes walking distance. Accommodation is on three levels, this consists of 18 single bedrooms and two double bedrooms. Communal space includes a dining room, a large lounge and a small quiet lounge.

At the time of this inspection 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 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 enough staff to keep people safe and staff training and support provided staff with the knowledge and skills to support people safely. Robust recruitment

Summary of findings

and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

Most people were happy living at the home and felt well cared for. People's support plans contained sufficient and relevant information to provide consistent, care and support. However, they were a little bulky and some information was out of date. People had a good experience at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The support plans we looked at contained appropriate mental capacity assessments. At the time of our inspection there was no-one subject to a Deprivation of Liberty Safeguard authorisation.

There was opportunity for people to be involved in a range of activities within the home or the local community. However, opportunities to carry out activities in relation to life skills was limited and not always recorded.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately.

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.

Generally people told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

We found that medicines were managed well.

Good



Is the service effective?

The service was effective in meeting people's needs.

People were asked to give consent to their care, treatment and support and the support plans we looked at contained appropriate mental capacity assessments.

Staff training and support provided equipped staff with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Good



Is the service caring?

The service was not always caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for. However, some people said they were not completely happy living at the home.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Requires improvement



Is the service responsive?

The service was responsive to people's needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's support plans had been updated regularly and when there were any changes in their care and support needs.

There was opportunity for people to be involved in a range of activities within the home or the local community.

Good



Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

Good



Burley House Nursing Home

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 21 July 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in learning disabilities and an expert by experience in people living with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 19 people living at the home. During our visit we spoke with 10 people who lived at Burley House, four members of staff, the registered manager and the regional manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at three people's support plans and people's medication records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, "I feel safe." However, two people told us they did not feel safe and one person said, "Sometimes I feel safe, other residents can make me feel unsafe." We noted there was a conversation between three people who lived at the home and they said money had been going missing. We spoke with the registered manager about this who told us they would investigate and address this immediately.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training and future training dates had been identified.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw the West Yorkshire local safeguarding authority policy was located on the noticeboard in the entrance to the home. One member of staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals and was in the process of obtaining advice on a potential safeguarding matter. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Support plans we looked at showed people had risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues and management plans were being put in place to manage these. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw there were several

health and safety checks carried out, for example, laundry and kitchen safety, window safety, firework displays and the outside area. We saw windows were limited as to how far they could open to ensure safety. The registered manager told us there systems were place to ensure the home was maintained in good order. We noted the carpet in one person's bedroom was not level.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and there were clear directions for fire exits.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our visit the home's occupancy was 19. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

A staff member showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency staff were requested. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift. One staff member told us, "Generally they are enough staff." Another staff member told us, "Most of the time there are enough staff but we could do with some supernumerary hours to complete care plans." We discussed this with the registered manager and regional manager who said they were aware of this.

We reviewed the recruitment and selection process for six staff members to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

Is the service safe?

Staff told us and we saw evidence in the staff files they had received medicine management training and their competency was assessed. We saw that people's support plans recorded the reasons why their medication was given by staff members.

One person said, "I have to take my medication at certain times, you have to take them, they tell you when to." Another person told us if they went out they would be back at 10:00pm to take their medication.

The home had procedures for the safe handling of medicines. Staff who administered medication had been trained. Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The room in which the medicines were stored was small but tidy. A staff member told us a small medication fridge was kept in another room to the medication room and they were in the process of obtaining a fan to make sure the room temperature did not exceed the appropriate level.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and there was detailed medicine and allergy information.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

On the day of our inspection there were no controlled drugs in use.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions. These included conflict resolution, infection control, first aid and health and safety. We saw staff also completed specific training which helped support people living at the home. These included introduction to bipolar disorder. Staff we spoke with told us they had completed several training courses during 2014 and 2015 and these were by e-learning, which included fire awareness and dignity. A member of staff was responsible for the monitoring of training, what training had been completed and what still needed to be completed by members of staff. We could see that future training dates had been identified.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. The supervision matrix showed that staff received supervision on a two to three month basis. When we looked in staff files we were able to see evidence that some members of staff had received supervision, however, not all the staff files contained supervision records. The registered manager told us they would look into this. We saw staff had received annual appraisals.

We saw from the training records that staff competencies were checked following training, which included safeguarding, medication and fire safety training. This was carried out through observations and discussion with individual staff members.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The staff we spoke with told us they had completed mental health awareness training and the records we looked at confirmed that some staff had completed this training. However, one staff member told us they would benefit from further training in the Mental Capacity Act (2005). The registered manager told us they agreed that staff would benefit from further Mental Capacity Act (2005) training and this would be included in future staff training arrangements.

We saw documented information the mental capacity of people was being considered and an independent mental capacity advocacy had been obtained for one person who needed such advocacy with regard to their wish to move residence. We also saw evidence of a 'best interest' decision being taken for a person who was lacking in capacity with respect to their behaviour.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no-one subject to a DoLS authorisation. They told us if this changed they would work with and seek advice from the local authority. We saw from the training records staff had completed DoLS training in 2015.

One person said, "We used to get choice about food but not anymore." However, when we spoke with the chef; they told us they discussed the weekly menus with people living in the home and we saw this had been documented in resident meeting minutes. Another staff member told us, "The residents have chosen the food." The chef told us they were aware of people's likes, dislikes and cultural requirements. They said they had plenty of fresh fruit and vegetables and had food deliveries three times per week.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their support plan. We found drinks were available for people throughout the day and we observed people were able to help themselves to a hot drink. We saw people were also offered drinks and snacks between meals.

We observed the breakfast and lunch time meals in the dining room and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. The atmosphere was calm and relaxed. We observed staff working as a team. During the lunchtime period we observed members of staff asking each person, as they finished their sandwiches, if they would like to have another.

One member of staff told us, "Food is good quality and all fresh. Residents can ask if they would like something different to what is on the menu." We saw the quarterly

Is the service effective?

meal satisfaction survey for January to March 2015, which showed a positive response to the questions asked with good or excellent outcomes. The survey showed satisfaction rates had improved from the October to December 2015 survey. The chef told us April to June 2015 survey results were in the process of being analysed.

We saw weekly menus were available in the home and these included healthy options. However, we noted the menu was only displayed in the dining room on a day by day basis and was not in a pictorial format to assist people who did not read. We also noted, where required, the menu was not translated into different languages. The registered manager told us they would address this immediately.

People we spoke with said they had access to the nurse on duty if they needed. One person said, "Staff have supported me to hospital appointments."

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists, dentists and opticians. One person we spoke with said they wanted to make a dentist appointment as they had toothache.

We saw the home were introducing health action plans for each person. We looked at one person's health action plan and this was up to date and evidenced their health care needs were being appropriately monitored and met. These included dental visits, GP information and if they had received a visit from the optician.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. One member of staff told us, "The optician visits the home on a regular basis."

We saw people had access to their bedrooms, a dining room, the kitchen, a quiet room, a lounge and an outside smoking area. However, we noted the décor of the building was dated and people's bedrooms were not decorated in an individual way. We also noted the laundry room was situated in the cellar with limited access so people could not wash their clothes independently. However, no-one expressed this wish to wash their clothes.

Is the service caring?

Our findings

We observed staff spoke with people in a caring way and supported their needs. We saw staff responded to people swiftly and respectfully when they asked for things. We observed the interactions between staff and people were unhurried, friendly and sensitive. Staff knew people well.

People we spoke with told us they liked the staff and felt comfortable with them. One person said, "The staff are not bad." Another person said, "The staff are not bad but could be better." One person said, "I am thinking of leaving, I don't like it here, I'm going to another nursing home, they said they will let me go." Other comments included, "Staff look after me", "The staff are nice", "The staff are alright" and "I like the staff." However, one person said, "One staff member picks on me but the other staff are polite." Another person said, "Staff don't listen to you, they ignore you." We spoke with the registered manager about this and they said they would look into this immediately.

Staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported.

The home operated a key worker system for the people who used the service, when asked, the care staff explained the role, it involved mainly ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During our visit some people spent some time away from the home. Within the home, the premises were spacious and allowed people to spend time on their own if they wished. All the people we spoke with told us they had a support plan. One person said, "I have my own support plan and they help write it." We saw people were able to come and go as they pleased and had a key for their own bedrooms.

People felt staff respected them and we saw staff treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. One staff member told us they were the dignity champion and this included holding a staff and resident monthly meeting. They went on to say they had 10 dignity points and one point was discussed at each monthly meeting. We saw dignity information was displayed in the quiet lounge and this included the 10 points. For example, listen and support people to express their needs and wants and respect people's right to privacy. However, we noted some people's clothing was ill fitting.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. Staff told us the support plans were reviewed on a monthly basis or sooner if required which ensured people's changing needs were met. One person who used the service told us, "We revise our care plans every so often."

The support plans were comprehensive and contained useful information to enable effective care to be implemented. Support plans contained an introductory index which gave a general expectation of the contents of each care record, and were sectioned accordingly. However, it was not clear from the index if a support plan was missing, it could not be determined if this was intentionally so or if there was a mistake by omission. We also noted the support plans were fairly bulky and contained a lot of information. However, staff we spoke with told us the support plans contained sufficient and relevant information to be able to meet people's needs effectively. We saw support plans were audited on an annual basis.

Risk assessments were easy to read and were reviewed regularly, however, different formats were employed and it was not always clear how the scoring system should be used. The registered manager said they would look into this. We saw there were numerous examples in the support plans where people had been consulted regarding their care and their consent had been obtained.

People were supported in promoting their independence and community involvement. People told us they were able to access the local and wider community. On the day of our inspection we saw some people attended a local day centre and some people spent time in the home watching television. We saw an activity programme was displayed in the dining area of the home and this included nature walks, movie nights, photography and karaoke. We also noted they were social evenings in a local pub. People told us they went to day centre; they could go out to the shops, go on trips and play games. They said they could go on courses outside of the service if they wished to do so. Two people told us they used to go to a day centre but did not go anymore, which was their choice. One person said, "I can stay up and watch TV at night."

However, we did not see any meaningful life skills activities documented. The registered manager told us some people do help with these types of activities, for example, some people help lay the tables for lunch and help clean their bedrooms. The regional manager told us they needed to improve in this area and record when people do take part in these types of activities.

We saw the complaint policy was displayed in the home and was in an easy read format. The registered manager told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. We looked at the complaints records but we were unable to see a clear procedure that had been followed when complaints had been investigated. Staff we spoke with were able to explain the correct complaints procedure to us. The registered manager said if they had any complaints they would look at what they could learn from it and make the necessary changes.

One person we spoke with said they would go to the office and complain to the manager and another person said they didn't know who they would complain to.

People told us the home enabled them to maintain relationships with family and friends without restrictions. People said they could come and go as they pleased. One person said, "I see my brother every week." Another person said, "I have friends here." Other comments included, "My brother comes to see me sometimes", "My friends can visit" and "My daughter comes to see me."

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service said they felt comfortable and at ease discussing issues and care needs with the registered manager. However, one person out of the 10 we spoke with said, "I raise things with the manager but she doesn't listen."

Staff spoke highly of the registered manager and said they were very approachable and supportive. One staff member told us, "I like working here, it gives me new opportunities." Another member of staff said, "The home is very well run and the manager is good. I feel valued and I am happy working here." One member of staff said, "It's ok."

The registered manager and the regional manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw a provider monitoring visit report for June 2015 which included involvement, medication, untoward incidents, staff and resident files, training and the environment. We saw weekly and monthly medication audits were carried out. We saw an annual audit had been completed by an internal auditor for the provider in 2014. We saw evidence which showed that any actions resulting

from the audit were acted upon in a timely manner. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

The registered manager told us they did not have a full programme of monthly audits but would review the information gathered on a monthly basis to make sure the quality monitoring of the service was robust.

Staff told us they had regular meetings and they could contribute to the agenda and had no difficulty in raising any concerns they might have with the registered manager.

We saw people who used the service attended 'resident' meetings and were aware of when these meetings took place. We saw within the residents meetings file, there was reference in the minutes to the recent parliamentary election, and where people may have needed access 'easy read' voting information. There was also reference to a service user satisfaction survey which had been carried out in April 2015. We saw resident quality assurance survey analysis for April 2015, which showed generally positive responses and some actions, had been identified and a plan had been put in place to address the issues.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw safeguarding referrals had been reported and responded to appropriately.