

Westwood Housing Association







Burrell Mead

Inspection report

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Date of inspection visit: 5 and 7 May 2015
Date of publication: 02/06/2015

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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

This inspection took place on 5 and 7 May 2015 and was unannounced. At our previous inspection 02 April 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Burrell Mead is a care home that provides accommodation for up to 22 older people. At the time of this inspection the home was providing care and support to 21 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found a breach of a Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of person-centred care. We found that people's care and support needs had been assessed however there were no appropriate guidelines in place for staff on how they should support people to meet these needs.

Summary of findings

People using the service told us that they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. The manager demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

People and their relatives, where appropriate, had been involved in planning for their care needs. Medicines were managed safely. People were supported to maintain good health and had access to health care support. They had hospital passports that contained information about them for transferring to hospital. They received appropriate end of life care and support. When necessary additional support was provided to the home by a local hospice end of life care team. People were being supported to have a balanced diet.

The home had a well-established staff team. People said the home was well managed and staff worked as a team. They said their privacy and dignity was respected. They knew about the home's complaints procedure and said

they were confident their complaints would be fully investigated and action taken if necessary. There was a range of appropriate activities available to people using the service to enjoy.

People were provided with information about the home and they were aware of the services and facilities available to them. There were regular residents and relatives meetings where people could talk to the manager about the home and things that were important to them. The provider took into account the views of people using the service and their relatives through meetings and surveys. The results were analysed and action was taken to make improvements for people at the home. Managers regularly attended provider forums run by the local authority. They had gained some useful learning from these events and put these into practice at the home.

Staff said they enjoyed working at the home. They received plenty of training and good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

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. Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were being supported to have a balanced diet.

People had access to a GP and other health care professionals when they needed it.

Good



Is the service caring?

The service was caring. Staff spoke to people using the service in a respectful and dignified manner.

People were consulted about and involved in developing their care plans. There were arrangements in place to meet people's end of life care needs.

People were provided with information about the home and they were aware of the services and facilities available to them.

Good



Is the service responsive?

The service was not always responsive. People's care and support needs had been assessed however there were no appropriate guidelines in place advising staff how to support them.

There was a range of appropriate activities available to people using the service to enjoy.

People said their privacy and dignity was respected.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well led. The provider monitored the quality of care and support that people received. There were regular residents and relatives meetings and the provider took into account the views of people and their relatives through surveys. They used the feedback from the meetings and surveys to make improvements at the home.

Staff enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Good



Burrell Mead

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.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by the provider giving data and information about the service including notifications. A notification is information about important events which the service is required to send us.

This unannounced inspection was carried out on the 5 and 7 May 2015. The inspection team consisted of an inspector,

a specialist advisor 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. We spent time observing the care and support being delivered. We spoke with eight people using the service, the relatives of four people, five members of staff, the deputy manager and the manager. We looked at records, including the care records of four people using the service, five staff members' recruitment and training records and records relating to the management of the service. We also spoke with a GP and a district nurse and asked them for their views about the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People using the service told us that they felt safe and that staff treated them well. One person said, “I feel perfectly safe here. I’m quite happy, there’s nobody here who is unkind, and the staff are all very helpful.” Another person told us, “I feel very safe living here, everyone is kind and there’s no shouting by staff.” A relative said, “The home seems a very safe place. There is always plenty of staff around.”

The manager told us they were the safeguarding lead at the home. The home had a policy for safeguarding adults from abuse and a copy of the “London Multi Agencies Procedures on Safeguarding Adults from Abuse”. They said the home’s policy was used alongside the London Multi Agencies procedure. We saw a safeguarding adult’s process flow chart located in the staff room. This included the contact details of the local authority safeguarding team and the police and provided guidance for staff for taking action in the event of an allegation of abuse. We spoke with the manager and five members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One member of staff said, “I have never had to report anything but I would report any concerns to the manager or the deputy manager. The manager would tell the Care Quality Commission and the local authority.” The manager told us they and all staff had attended training on safeguarding adults from abuse. Staff training records we looked at confirmed this.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations and proof of identification. The manager showed us evidence that criminal record checks had been obtained for all of the staff that worked at the home. The provider had an equal opportunities policy. We saw they had applied this policy when they recruited staff.

People using the service, their relatives and staff told us there was always enough staff around to meet people’s

needs. We observed a good staff presence and staff were attentive to people’s needs. A relative told us, “We visit at all hours of the day and any time we come here there is always plenty of staff around.” A person using the service said “There is always somebody around when I need them.” Staff said if they were short of staff they would inform the manager they would get more staff in. The home had a call bell system. We observed that staff responded quickly when call bells were activated. One person using the service said “I have never used the call bell myself but I see when the alarm goes off staff answer the call quickly.” Another person told us, “They respond quite quickly to a call for help. I see the other residents, who are very frail, getting very good attention.” A third person commented, “The response to a call is almost immediate.”

The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. If people’s needs changed additional staff cover was arranged. The home employed a team of bank staff to cover vacancies, staff annual leave or sickness. Bank staff received the same training and supervision as regular staff. We spoke to a bank member of staff who said they had completed an induction when they started work, received lots of training, attended team meetings and had regular supervision from a manager.

There were arrangements in place to deal with foreseeable emergencies. People had hospital passports that contained information about them for transferring to hospital including their end of life wishes, their GP and next of kin and details of their medicines. People had risk assessments relating to areas such as moving and handling, falls and accessing the local community. The risk assessments contained information about people’s needs. For example, the equipment they needed to ensure safe moving and handling. We saw personal emergency evacuation plans for all of the people using the service. Staff said they knew what to do in the event of a fire. They told us there were regular fire drills, so they were reminded about their roles in such an event. Staff training records confirmed that staff received regular training on fire safety.

Medicines were stored securely in a locked trolley in the staff room. Medicines were administered safely. We observed that medicines were being administered correctly to people by senior care staff. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. The deputy

Is the service safe?

manager told us that only trained staff could administer medicines. Training records confirmed that six senior members of staff had received training on administering medicines. The medicines folder included individual medicine administration records (MAR) for each person using the service, their photographs, details of their GP, information about their health conditions and any allergies. The folder also included the names, signatures and initials of staff qualified to administer medication. The MAR's were up to date and accurate and our checks confirmed that people were receiving their medicines as prescribed by health care professionals.

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in

place for their use. These were recorded in a register and stored in a secure controlled drugs cupboard. We saw that two members of staff had signed the controlled drug register each time a medicine was administered. The balance of medicines stored in the controlled drugs cupboard correctly accounted for the amount of medicines recorded on the register. A medicines audit had been undertaken by an external pharmacist in April 2015. Two recommendations had been made by the pharmacist. We saw evidence confirming these recommendations had been met. Medicines audits had also been undertaken by the deputy manager on a regular monthly basis.

Is the service effective?

Our findings

One person using the service told us, “The staff know me very well and what my needs are.” A relative said, “I can’t say enough about the staff. They all work really hard and get the job done. My relative gets good effective care.”

We spoke with five members of staff about training supervision and annual appraisals. They all told us they had completed an induction when they started work and they were up to date with the provider’s mandatory training. They received supervision from the manager and had an annual appraisal of their work performance. Staff training records confirmed that all staff had completed training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, administering medicines, infection control, first aid, fire safety and food hygiene. Staff had also completed training on other topics such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and dementia awareness. Most staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene. One member of staff said, “I am up to date with all my training. We get refresher training when we need it.” Another said, “I have completed NVQ level 2 and 3 in health and social care. I get plenty of training. I recently completed a six month training course on dementia care. It really helped me to understand people, what they need and what I can do to help them.”

The manager demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They told us that most people using the service had capacity to make some decisions about their own care and treatment. We saw capacity assessments and risk assessments were in place for some people holding their own door keys and accessing the local community. The manager said if they had any concerns regarding a person’s ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their ‘best interests’. They were aware of the recent

Supreme Court judgement in respect of DoLS and told us there were no restrictions placed on any people using the service. If they needed to deprive a person of their liberty they would make an application to the local authority (supervisory body).

We observed how people were being supported and cared for at lunchtime. The atmosphere in the dining room was relaxed and not rushed and there was plenty of staff to assist people when required. People received hot meals and drinks in a timely manner. People told us they liked the food. One person told us, “The meals are fine, plenty of choice and we get good portions. The cook asks us every day what we want for lunch and supper.” Another person said, “The meals are very good, you get a choice if you don’t like something you can have something else. We get wine with Sunday dinner and you can have drinks anytime during the day.” A third person said, “The food’s alright and there’s a choice. If I did not fancy something on the menu, you could get a different dish. We get tea and coffee and lots to drink at lunchtime and during the day.” A relative said, “My relative always has a cooked breakfast on Sunday morning.” Another relative said “I think they get lovely meals here. It always looks good and it is well presented.”

People’s care files included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw one person was allergic to shell fish and they did not like eggs, other people were diet controlled diabetics. We saw information relating to these people’s dietary needs was displayed in the kitchen. The cook and kitchen staff said they received information on people’s dietary needs when they were admitted to the home and were advised if there were any changes. They were able to tell us about people’s specific dietary needs and were aware of those people who were diabetic.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. One person told us, “I visit the surgery when I need to see the doctor.” Another person said, “The staff will ask me if I want to see the chiropodist who comes once a month. The doctor visits regularly and I can ask to see him if I need to.” A third person said, “You can see the doctor if you need to. You can also see the chiropodist by putting your name on the list. A district nurse also visits people here.” The

Is the service effective?

manager told us a GP visited the home once a fortnight or when required to attend to people's needs. We spoke with the GP. They said, "Burrell Mead is a good care home and people receive good quality care from a staff team who know what they are doing." People also had access to a range of visiting health care professionals such as dentists, physiotherapists, opticians and podiatrists. Appointments

with health care professionals were recorded in all of the care files we looked at. We spoke with a district nurse who said they attended to people living at the home at least twice weekly. They told us staff were always helpful and knowledgeable about people's needs, staff followed any instructions they gave and kept them fully updated with any changes in people's care needs.

Is the service caring?

Our findings

One person using the service said, "I'm very happy with the care here, it's 100%". The staff are kind." Another person told us, "All the staff are very kind, caring and respectful. I am happy here. They treat me well." A third person commented, "The staff always have time to talk with me and ask how I am. They know residents well and treat them accordingly." A relative said, "The staff are always welcoming and really caring. We like it here. It really is like a home from home. If I had to go into a home I would want to come here. I would recommend this place to anyone." Another relative said, "It is a joy here, the staff's attitude to residents is outstanding."

People were provided with appropriate information about the home in the form of a residents user guide. This guide ensured people were aware of the standard of care to expect, access to health care professionals, complaints procedure and the services and facilities provided at the home. The guide also advised people on how they could obtain a copy of the Care Quality Commission's inspection report.

The home had a well-established staff team. The manager had worked at the home for sixteen years. A member of staff told us they had worked there for over twenty years; two other staff said they had worked at the home for over ten years. They said many of the other staff had been there a long time too. One staff member said, "There is a low staff turnover here. That is really good for the people living here and staff. People know us by our first names and vice versa. There is a very friendly atmosphere here."

People using the service and relatives told us they had been consulted about their care and support needs. One person told us, "I know I have a care plan and I know what's in it. I can talk about it with staff." Another person said, "They staff talk to me about all of the aspects of my care." A third person said, "I think my brother probably did my care plan." A relative said, "The staff went through everything with me and my relative when they came here. They talked to us in detail about our needs. They always let me know if there are any changes, or if my relative needs to go for hospital appointments. We always attend the care plan reviews."

We observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. We saw staff sitting with people engaged in meaningful conversations. They were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed. We saw some people were having visits from friends and family members. They were able to use a conservatory and have tea and biscuits. People were well presented and looked clean and comfortable. They and their relatives and staff all appeared comfortable and relaxed in each other's company.

People's privacy and dignity was respected. Where people needed support with personal care staff ensured their privacy by drawing curtains and shutting doors. One person said, "The staff always knock on my door before coming into my room." Another person said, "The staff are very respectful, they ask if they can come in first. They draw curtains when attending to me." Staff addressed people by their preferred names, which we noted was recorded in people's records. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff said "We try to encourage people to do as much for themselves as they can. I enjoy just chatting to people, playing games or reading with them."

People received appropriate end of life care and support. We saw Do Not Attempt Resuscitation forms in all of the care files we looked at. These had been fully completed and signed by the person using the service recording their preferences, their relatives (where appropriate) and their GP. All of the people using the service had end of life care plans. These had been completed by the person who used the service, their relative and staff. The manager told us that if any person expressed a wish to, they would contact their GP and request support from a local hospice end of life care team. The manager said people using the service and staff had received very good support from the local hospice. We spoke with a nurse from a local hospice. They said they had been contacted by the home to provide end of life care and support to a person using the service. They said they had been impressed by the support staff provided this person at the end of their life.

Is the service responsive?

Our findings

People told us they received care and support that met their needs. One person said, “The staff visit me every morning to see if I need any help. They interact with all the residents. They know what to do for us.” A relative said, “I think the staff are well trained. I have no concerns in that department. They know exactly what they are doing.” However we found that the home was not always responsive to people’s individual needs.

We looked at four people’s care files. We saw their health care and support needs had been assessed before they moved into the home. The care files included information such as how people would like to be addressed and their likes and dislikes. Information was also received from family members about people’s personal histories, interests and hobbies. The manager told us that people’s care plans were developed using the assessments and family member’s information. Although the care plans we looked at included details of people’s support needs there was no guidance in place for staff on how they should support people to meet these needs. For example one person’s care plan for communication indicated that they refused to wear a hearing aid and their care plan for mobility indicated they were reluctant to move around the home. Another person’s care plan indicated they had a bath on a Thursday morning however the plan did not indicate what support this person needed from staff. This meant that people using the service might be at risk from inappropriate care and support because there were no appropriate guidelines in place advising staff how to support them.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The manager told us they were currently reviewing the care plans for all of the people using the service using a new format. We were not able to fully assess the impact of the reviewed care plans as only a few of the reviews had been completed at the time of this inspection.

People using the service and their relatives told us they enjoyed the activities provided at the home. The manager produced a monthly newsletter “The Bugle”. This was produced in large print for people with poor eyesight. The deputy manager told us they discussed what activities

people wanted to do and this was recorded in the newsletter. Activities arranged for May included, visiting entertainers and a quiz night. There were also regular activities such as keep fit sessions on Wednesdays and massage on Fridays. One person told us, “There is a programme of entertainment for the week, the papers are delivered every day and the hair dresser comes on a Monday.” Another person said, “A dog visits and we do get out into the garden. There is enough to do, but if I didn’t like anything, I can do as I choose.” A third person said, “You can choose what to attend, shows or other things and you can get out into the garden if you like.” A relative said, “My relative likes the singers who come in. They tailor for the residents who are here and they are encouraged to go out in the summer.”

People’s diversity, values and human rights were respected. People’s religious needs and preferences had been recorded in their care files. There was a church service at the home every Sunday. One person said, “On Sundays there is always a church service. The priest delivers communion on Thursdays.” Another person said, “I don’t go to church anymore so they bring me communion.”

A complaints system was in place and details of how to make a complaint were displayed on notice boards in communal areas throughout the home. The complaints procedure was also included in the resident’s user guide. People said they knew about the complaints procedure and said they would tell staff or the manager if they were not happy or if they needed to make a complaint. Relatives also said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person using the service said, “I’ve never complained but I would and you can say anything to the manager.” A relative said, “I have never needed to complain about anything but if I did I would speak to the manager and I know they would sort things out.”

The complaints file included a copy of the procedure and forms for recording and responding to complaints. Complaints records showed that raised concerns were investigated and responded to appropriately and, where necessary, meetings were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

The provider had procedures and systems in place to evaluate and monitor the quality of the service provided and the manager demonstrated elements of good leadership. Although we found a breach relating to person centred care we saw the manager was taking action to address this by reviewing the care plans and introducing a new care plan format. Minutes from regular monthly management committee meetings documented where the needs of people using the service were discussed along with other issues related to the running of the home. For example staff recruitment, training and health and safety. Monthly quality monitoring visits recorded that the provider spoke with people using the service and staff about living and working in the home. They inspected the premises, reviewed records, incidents and accidents, complaints and activities. The report also included areas for improvement and actions taken by the manager as a result of the previous visit. For example the April 2015 report recorded that a person's bedroom had been fitted with new carpet tiles and the manager had followed up on a medicines issue with the GP. We also saw records from regular audits that were being carried out at the home. These included health and safety, fire safety, equipment, infection control, food hygiene, medicines staff training, and care file audits.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through relatives and residents meetings and surveys. The manager said they used the feedback from the meetings and surveys to make improvements at the home. We saw a report and an action plan from a resident and relatives survey carried out in September 2014 and evidence that action had been taken as a result of the survey. For example an extra plug socket had been fitted in one person's room and the manager had discussed activities with people using the service. One person using the service said, "I'm aware of the residents meetings. I go to them sometimes. The management do listen and they try and sort things out for us". A relative said, "There are regular relatives meetings which I attend. I find these very helpful. The manager always sends us a letter after the meeting telling us what the home is going to do."

People we spoke with were complimentary about the managers and the staff. They said the home was well managed and staff worked as a team. There was registered manager in post. They had managed the home for sixteen years. One person using the service said, "The manager is always around and is very approachable." Another person said, "The staff seem to help each other. This place is unique it couldn't be any better." A third person said, "This place is run as good as any, there is nothing to complain about." A relative told us "The home is very well managed. I see the manager every time I come, I can talk to them any time I want to." A GP said, "I have no concerns at all about Burrell Mead. I think the manager is doing a good job."

Staff told us they were well supported by the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it. Staff said there was a whistle blowing policy and they would use it if they needed to. One member of staff told us, "The manager has an open door policy. I can talk to them any time I want to, about anything I want and I will be listened to." Another said, "We have a good manager, their door is always open. They listen to us and act on what we suggest." Another said, "I like working here. We all work together as a team. We are always getting praise from people using the service and their relatives. That is very rewarding." Another staff said, "We have a good team and we all help each other. It's friendly and homely and there is always a nice atmosphere." A third member of staff told us "I have worked here for over twenty years. It's a really nice place to work. We all get on well together, the staff, people using the service and relatives. It's very rewarding when people say thank you for helping me and they remember my name."

The manager and the deputy manager regularly attended provider forums run by the local authority. They said they had gained some useful learning from these events and put these into practice at the home. For example they had developed a contingency plan for the home in case of an emergency such as a fire or a gas leak. This made sure people would be safe and had a place to stay if such an event occurred. They had also learned about the benefits of massage for older people which was now a regular weekly activity at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People using the service may be at risk from inappropriate care and support because there were no appropriate guidelines in place advising staff how to support them.</p>