Care Quality Commission

Burleigh House Limited

Burleigh House

Inspection report

Leek Road
Stoke-on-Trent
Staffordshire
ST10 1WB
Tel: 01782 550920
Website: www.example.com

Date of inspection visit: 30 November 2015
Date of publication: 02/02/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection of this service on 03 October 2014. A breach of legal requirements was found. This was because legal requirements were not always followed when people's liberties were restricted. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 11 (Need for consent) of the Health and Social care Act (Regulated Activities), Regulations 2014. During that inspection we also found that staff did not always take appropriate action when people were at risk of abuse and the provider did not have effective systems in place to regularly assess and monitor the quality of services provided.

We undertook this follow-up inspection to check that they had followed their plan and to confirm that they now met legal requirements, and we found that these actions had been completed. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk.

We inspected Burleigh House on 30 November 2015 and the inspection was unannounced. The provider is registered to provider accommodation and personal care to a maximum of 15 people. They are not registered to provide nursing care. At the time of our inspection, 15 people used the service.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The provider had ensured that people who did not have capacity to make certain decisions about their care and well-being had mental capacity assessments in place to guide staff on the decisions that could be made in their best interest. The legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of liberty Safeguards (DoLs) were followed when people's liberties were being restricted for their safety.

People told us they felt safe and protected from harm because staff looked after them well. Staff we spoke with demonstrated a good understanding of safeguarding and abuse and knew what actions to take if abuse was suspected. The provider took appropriate action to report safeguarding concerns to the local authority and to notify us of these.

People had risk assessments and management plans in place which were viewed regularly and updated when their needs changed. Environmental risk assessments were carried out to ensure that people were kept safe when they accessed the environment.

The provider had effective systems in place to regularly assess and monitor the quality of services provided. Risk assessments identified potential environmental risks to people who used the service and action was taken to ensure that the risks were removed or minimised.

People who used the service and professionals who visited the service and staff were very complimentary about the registered manager. They told us the registered manager was always available and approachable. We observed that the registered manager had a hands-on management style. The registered manager notified us of events and incidents they were required to notify us of.

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.

We found that action had been taken to improve safety because staff were able to recognise abuse and took appropriate action when it was suspected. People had risk assessments and care plans to guide staff on how their care should be delivered.

Good

Is the service effective?
The service was effective.

We found that action had been taken to improve the effectiveness of the service because the legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were followed when people were unable to make certain decisions about their care. This ensured that people's liberties were not restricted inappropriately. People were cared for by staff who were knowledgeable, who knew them well and knew how to provide care and support.

Good

Is the service well-led?
The service was well-led.

We found that action had been taken to improve the governance of the service because effective systems were put in place to monitor the quality of the service provided. The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The registered manager was available and people told us they were approachable.

Good

Burleigh House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Burleigh House on 30 November 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our last inspection of the service on 30 November 2015 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe; is the service effective and is the service well- led? This is because the service was not meeting some legal requirements.'

This inspection was undertaken by one inspector. During this inspection, we spoke with four people who used the service, one relative of a person who used the service, two professionals who visited the service, two staff members and the registered manager. We observed how general care was provided to check if staff ensured that people's safety was maintained effectively.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team.

We looked at four people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These included audits, health and safety checks, incident, accident and complaints records and minutes of meetings. These records helped us understand how the provider responded and acted on issues relating to the care and welfare of people, and how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

At the last inspection, staff had not recognised and taken appropriate action when people who used the service had been verbally abused and threats of physical harm made towards them by another person who used the service. During this inspection, we found that the provider had acted on our concerns and made a safeguarding referral about the potential risk of harm to people who used the service as a result of another person's behaviour.

People told us they felt safe and protected from harm. One person said, "I feel safe here. The girls [staff] look after me". Another person said, "I'm not worried about anything". A relative we spoke with told us they felt the home was safe and their relative was protected from harm. A professional we spoke with said, "The staff are exceptional. They are very proactive and always contact us if they think something is wrong. They just don't leave things".

Staff we spoke with demonstrated a good understanding of abuse and what actions they needed to take when people were at risk of harm or when abuse was suspected. Staff training records showed that all staff had received training and updates in safeguarding. Records showed that the provider made safeguarding referrals to the local authority when people were at risk of abuse and ensured that actions were put in place to protect the person and others from harm.

At the last inspection, we found that people were at risk of harm when they accessed the outside grounds because a fishpond, located at close proximity to the conservatory was not adequately secured. The provider had not carried out environmental risk assessments to ensure the safety of people when they accessed the back garden where the fish pond was located. At this inspection, we found that the fish pond had been removed. The registered manager told us that the provider had decided to do this because the fish pond had not served the purpose for which it was intended. We saw that people had risk assessments in place to ensure their safety when they accessed the garden.

We saw one person accessing the kitchen regularly to make hot drinks for themselves. The registered manager said, "[Person's name] is the only resident who goes into the kitchen to make themselves a drink. We try to promote their independence. They've got a burns risk assessment in place". The person's care records contained risk assessments and management plans were in place to ensure that they were protected from harm when they used the kitchen. This showed that the provider had taken appropriate action to encourage and promote the person's freedom whilst ensuring their safety.

Good

Is the service effective?

Our findings

At the previous inspection of the service the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not followed when people's liberties were restricted. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that the provider had made DoLS referrals for some people whom they felt required their liberties needed to be restricted for their safety. Some of these people had been assessed and were subject to DoLs. The registered manager said, "We submit DoLS referrals for those we feel we need to make decisions in their best interest in case they want to go out of the home. Although we try to promote their independence, if they went out on their own, they are likely to get run over". We saw that mental capacity assessments were in place to guide staff on the decisions people needed support with making and those which were to be made in people's best interest. We saw that the conditions relating to people's DoLs were reviewed and care provided in line with the stipulated conditions.

We reviewed the care of some people who had a 'Do not attempt Cardio-Pulmonary Resuscitation (DNACPR)' order in place. This order relates to people's wishes not to be resuscitated in the event of a cardiac arrest. We saw that mental capacity assessments were carried out when it had been identified that a person could not always make decisions for themselves. Records showed that best interest discussions took place and people's relatives were involved in these discussions before DNACPR orders were put in place. The registered manager maintained a record of all those who were subject to DNACPR order and their review dates. This record was easily accessible by all staff in the event of a medical emergency. We saw that that DNACPR orders were reviewed. This showed that the provider had effective systems in place to ensure that people's wishes were respected in the event of a medical emergency.

Good

Is the service well-led?

Our findings

At the last inspection, we found that the provider did not always have effective systems in place to regularly assess and monitor the quality of the service provided. For example, audits of medicine administration records (MAR) were not carried out regularly. We identified gaps in people's MAR which were unaccounted for and had not been identified by the provider. We also saw that actions identified following maintenance audits and infection control checks had not been carried out.

During this inspection, we saw that regular audits of MARs took place. The registered manager had designated responsibility for MAR audits to a senior care assistant and carried out their own spot checks and audits of the records. We saw action plans when concerns were identified following MAR audits. A new system had been introduced for MARs. The registered manager said, "The system is a lot better and creams are now on the MAR. The paperwork is a lot better. The records are clearer and it is much easier to check stock". We did not see any gaps when we carried out an audit of people's MAR. This showed that the provider had made improvements in how the quality of medicines administration was monitored.

The registered manager carried out regular quality monitoring audits. They maintained a record of incidents that had occurred and carried out regular reviews and analysis of incidents. Some of these audits included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits. Service risk assessments were carried out and actions put in place when concerns were identified. For example, we saw records which indicated that the registered manager notified staff when they identified concerns during care plan audits and followed up to ensure that staff had taken the required action.

At the last inspection, the provider did not always submit notifications such as notifications relating to the death of a person who used the service or serious injuries. It is a registration requirement for providers to notify us of such events. During this inspection records showed that the registered manager ensured that the local authority's safeguarding team as well as us (CQC) were notified of incidents that had to be reported; and maintained records of these for monitoring purposes. These showed that the provider had made improvements and understood their legal responsibilities as a registered person.

People who used the service, their relatives, other professionals and staff told us the registered manager was approachable and encouraged them to their raise concerns with them. They told us the registered manager was always available and they could go to them at any time. A professional we spoke with said, "They've [registered manager] worked with me well. I'm impressed". This showed that the provider encourage an open culture that promoted improvements.