

Rochmills Limited

Burlington Court

Inspection report

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Date of inspection visit:
21 February 2017
22 February 2017

Date of publication:
26 April 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 21 and 22 February 2017 and was unannounced. Burlington Court provides accommodation for people who require nursing or personal care for up to 102 people. At the time of our inspection there were 96 people living in the home.

There was a registered manager in post at the time of this inspection. 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.

The registered manager was a role model for staff within the home and inspired care staff to provide truly person centred care. There was a consistent, clearly articulated positive culture of valuing people as individuals that was evident throughout the home. This culture impacted positively upon people's experience of living at Burlington Court and ensured that people experienced consistently outstanding care. There was a strong system of quality assurance and the views of people living at Burlington Court were actively sought to continue to develop the service.

People living at Burlington Court had an enhanced sense of well-being and quality of life because staff worked passionately to provide people with meaningful experiences. Staff were empowered to work creatively and to develop positive therapeutic relationships with people. There was a meaningful programme of activities that met people's individual needs. People living with dementia received care that was based upon best practice guidelines that met their individual needs and successfully reduced instances of incidents within the home.

People were at the heart of the service and staff were committed to enabling people to live full, varied and fulfilled lives. People were supported in creative way to continue to achieve their aspirations and continued to have new experiences. Staff were motivated to find innovative ways to remove barriers for people to achieve their aims.

Staff demonstrated the providers values of offering person centred care that respected people as individuals in all of their interactions with people. People told us that they felt valued by staff, that staff took a genuine interest in getting to know them as people and that they felt they mattered. Staff knew people well and used their knowledge of people's lives to tailor the care and support that they provided. People, their relatives and the professionals involved in people's care consistently told us that the service was exceptionally caring.

There were sufficient numbers of staff to meet people's needs and staff were not rushed in their interactions with people. Staff knew people well and engaged positively with people consistently enhancing their sense of well-being. People were supported to maintain their safety and effective plans of care were implemented to mitigate the risks to people. People could be assured that they would receive their prescribed medicines

safely.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good 

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills and get to know people they provide care for.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Outstanding 

The service was very caring.

People were encouraged, enabled and empowered to express

their views and make decisions, which staff acted on and people's rights to privacy and dignity were valued.

People received consistently person centred care. Staff took time to get to know people as individuals and tailored the care that people received using the in depth knowledge of people that they had gathered through creating positive nurturing relationships with them.

People receiving end of life care were treated with exceptional care and compassion, as were their relatives and those that mattered to them both during and following the person's death.

Is the service responsive?

The service was very responsive.

Staff worked innovatively to meet people's preferences, provide them with new experiences and enabled people to be an active part of the local community. This innovative support gave people an enhanced sense of well-being and quality of life.

People's care and support was planned in partnership with them. People felt empowered, valued and listened to.

Staff focussed upon people's strengths, knew them as individuals and valued people's life experiences.

People's feedback was proactively sought, valued and used to continuously develop and improve the service.

Outstanding 

Is the service well-led?

The service was very well-led.

There was an exceptional focus upon providing person centred care and support. The culture of the home was focussed upon providing consistently personalised care to people; this culture was understood and demonstrated by all of the staff at Burlington Court.

The service actively sought and acted upon the views of others and has sustained this positive culture in the service consistently over a prolonged period of time.

The vision and values were imaginative, innovative and ensured that people were at the heart of the service.

The service worked in partnership with other agencies to make

Outstanding 

sure that they followed current best practice and provided a consistently high quality service.

Burlington Court

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 checked 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 and 22 February 2017 and was unannounced. The inspection team consisted of two inspectors and one 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. The expert by experience had experience in sourcing and coordinating care for their relatives.

During our inspection we spoke with 18 people who used the service, 10 members of staff including the registered manager and provider. We also spoke with four people's relatives and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to six people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. One person told us "There are plenty of staff here. If you need someone they are there; sometimes before you even know you actually needed them!" One person's relative told us "The good thing about here is that you know there will always be plenty of staff. You get a nice welcome when you get here and you always see staff talking to people." The provider had a dependency tool that they used to calculate staffing levels. We reviewed the rota for the home and found that the numbers of staff matched or exceeded the number of staff shown as being required by this tool. Staff told us that they did not feel rushed and had time to interact positively with people. Staff told us "I have never worked anywhere like it; they are plenty of staff and we have time to stop and talk to people so we really get to know them" and "Staffing is brilliant here; it's the best place I have ever worked."

Risks to people had been assessed and appropriate action taken to mitigate people's known risks. People had detailed plans of care in place that were regularly reviewed that provided guidance to staff in how to keep people safe. For example; where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. We observed staff supporting people to use appropriate pressure relieving equipment when they were in the communal living areas of the home.

People could be assured that they would be protected from the risk of harm. Staff were aware of what actions they should take if they were concerned that someone may be at risk. One member of staff told us "If I was ever concerned about anyone's safety I would report it straight away to the registered manager or duty manager. We also know how to contact CQC or the Safeguarding Team." There was a positive open culture whereby the management took feedback from staff seriously and acted upon any concerns that they raised. Where investigations had been allocated to the provider by the local authority they were completed thoroughly and within the timescales specified by the local authority.

People could be assured that they would receive their medicines safely. There were appropriate arrangements in place for the management of medicines. People received their medicines in the way that they preferred and staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. The member of staff checked each individuals' Medication Administration Record (MAR) sheet before administering medicines and ensured that people received the right medicines at the right time. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People were supported by staff that had received the support and training that they required to care for people effectively. One person told us "The staff are very good here; they are very knowledgeable." Staff were able to apply their learning on a day to day basis and we observed staff using their communication skills to help alleviate anxieties and prevent potential incidents. For example we observed one person living with dementia become distressed. Staff approached this person provided reassurance, validated their concern and then supported them to have a drink and to complete an activity. We observed that this successfully prevented any potential incident from occurring. Records showed that staff had accessed training in key areas on a regular basis and that the provider had a plan in place to ensure that training was updated periodically. One member of staff told us "The training is very good here, we get regular updates and if there is ever any training that we want we just have to ask."

Staff received the support and supervision that they required to be effective in their role. One member of staff told us "We get regular supervision here with one of the management team; they are always available if we need advice or support. Everyone is very supportive here; it's why it's so good to work at Burlington Court."

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff were supported to complete the Care Certificate to gain and improve their skills. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

The Mental Capacity Act 2005 (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 Act 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).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were encouraged to make decisions about their care and their day to day routines and preferences.

We observed staff seeking people's consent prior to providing care. We observed people being asked for their consent and given choices about their care throughout this inspection. People were able to choose what activities they would like to do and what meals they would like.

People were supported to access health services when they needed to and referrals were made to people's allocated health professionals in a timely manner. Where health professionals had implemented plans of care these were followed by staff in the home. Records showed that where other specialist assistance was required, people had been referred. A visiting healthcare professional told us "The staff are very proactive and alert to people's health here. They work very well to keep people in good health."

People at risk of not eating or drinking enough had been identified through assessments completed by staff. Staff referred people who had been identified as being at risk of malnutrition to their GP and dietician for further guidance. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed, or thickened their drinks to help prevent choking.

Is the service caring?

Our findings

People, their relatives and the professionals involved in people's care consistently told us that the service was exceptionally caring. One person told us "The staff are amazing here; it's so homely. It's like they are your friends, they go above and beyond what we could hope for to help us." People's relative's told us "I can't recommend here highly enough, she is happy." and "The staff are brilliant; they always make us feel welcome." A visiting healthcare professional told us "I would happily place a relative of mine in Burlington Court and feel secure that they are in safe hands."

People told us that they felt valued by staff, that staff took a genuine interest in getting to know them as people and that they felt they mattered. One member of staff who was turning 21 had arranged for their birthday party to take place at a venue nearby to the home and for it to start early so that residents who wished to attend were able to. One person told us "I am going to one of the staffs' birthday party this week. They have helped me choose some new earrings and buy them on the internet. I never bought anything on the internet before I came here; I love it! They have booked for me to go to the hairdressers too so that I can have my hair done. I'm really looking forward to the party."

Staff knew people well and used their knowledge of people's lives to tailor the care and support that they provided. For example one person living in the home had worked as a community matron providing care to people, often at night. Staff noted that this person regularly tried to access people's plans of care in the office and was often awake at night. One member of staff told us "[Person] was such an important person in the local community, they worked nights so their body clock meant they would go to bed at 3pm and get up at 8pm ready for work so we knew why they didn't want to sleep at night; it wasn't a problem. We gave them their own care plan to complete and they have completed all of this and their activities folder to tell us what care they would like. Their dog was such a big part of their life; they have photos of him in their room. We asked their representative to bring them in because they have no family."

Throughout the inspection we observed positive interaction between people and staff. It was evident that there was a positive culture whereby people were valued and that staff were encouraged to spend time interacting and engaging with people in the home. Staff greeted people cheerfully, took an interest in people's plans for the day and stopped in communal areas and corridors to have conversations with people in the home. Staff interacted with people throughout the day in a happy and cheerful manner, organised their day flexibly around people's needs and wishes and noticed what was happening for people. For example staff offered people comfort through gentle touch, held people's hands, made eye contact with people and held and hugged people who looked sad or reached out for that level of comfort.

Staff were alert to people who became anxious and successfully provided support to reassure people. For example we observed that one person living with dementia became upset and staff quickly provided reassurance and engaged this person successfully in an activity. Staff checked regularly on each person, and listened attentively to what they had to say. None of the interactions were rushed and staff waited until people had finished what they were saying or were relaxed before they left them. People were treated with respect. One relative told us "They treat her with respect, they dress her well. They are very patient; they do

her hair and teeth even though Mum can lash out; they know when to leave her alone"

People's relatives were encouraged and enabled to maintain relationships with people living in the home. The activities coordinator arranged celebratory days in the home a week before the actual day because people's relatives often had difficulty visiting the home on these days due to other commitments. The activities coordinator told us "People's relatives often felt so guilty that they couldn't make it on special days such as Mother's Day or Christmas Day so we thought why not have the day early so that they can still have a Christmas Day or Mother's Day with their relative in the home. People's relatives have told us that they appreciate it so much and that it helps them feel less guilty if they can't make it into the home on those days."

Staff continually strived to enable people living in the home to remain as independent as possible. Staff involved people in tasks within the home such as the laying of tables for lunch or the folding of napkins. One person told us "I fold the napkins each day for lunch. I like doing it; it keeps me active, makes me feel useful and keeps my hands moving."

People were supported to follow their faith and to attend religious services when they wanted to. Weekly holy communion was facilitated within the home for people to join if they wished, along with monthly songs of praise sessions. Residents were supported to continue to attend religious services once they moved into the home. For example a number of residents attended an Afro-Caribbean group once a week before moving into the home; they were supported to continue to attend this group. A gospel choir also visited the home on a regular basis after a number of residents had requested this in their review meetings with staff. The registered manager told us that they were committed to enabling people to continue attending religious services after they moved in to the home if this was their wish or they would arrange for culturally specific services to be facilitated within the home.

One person who did not speak English as a first language and stayed at Burlington Court for respite regularly throughout the year was supported to communicate with staff using flash cards showing familiar objects and locations within the home. This meant that this person was able to communicate effectively with care staff although they did not share a common language. In addition, staff were able to show us how they met this person's individual needs in relation to their religious belief by supporting them to have a quiet area within the home in which they could pray at set times during the day and by providing a culturally specific diet and facilitating family meals for this person in the dining room of the home with their relatives. Staff also supported another person within the home to source a specific hairdresser that was able to braid their hair into dreadlocks and provided a room within the home for the hair dresser to do this.

People were supported in the way that they wished to be cared for as they approached the end of their life. The home had adopted the Gold standards Framework for end of life care and all staff had received training in adopting this framework. The Gold Standards Framework is a toolkit that aims to ensure that people experience good quality care at the end of their life through partnership working with people's GP's, early identification of people who may be approaching the end of their life and advanced care planning to ensure that their preferences for their care at the end of their life are followed.

People living at Burlington Court had advanced care plans in place that reflected people's wishes for the care that they wished to receive at the end of their life. Staff liaised closely with people's GP's to ensure that people received the care that they needed. One person's relative told us "[Name] is nearing the end of his life now and isn't able to communicate or move around anymore, staff are so good at spending time with him, making sure he is comfortable and talking to him." A member of staff told us "[Name] loved sherry. When they were coming to the end of their life we used sherry to moisten their lips. You could see their face light

up; it is what they would have wanted and that is the most important thing."

A memories book was also created by staff whilst people were living at Burlington Court that contained photos of them completing activities in the home and participating in events with their family. The registered manager told us that this record was valued by people's families and provided a record of positive memories for people's relatives. We saw feedback from one family that said "It was so lovely having [Name's] book at the funeral. We all loved seeing how happy they were in all of the photos at the last stage of their life; it provided such comfort."

The registered manager was committed to enabling people to remain living in the home at the end of their life if it was what wanted. The registered manager and senior staff completed case studies as part of their reflective learning about the care that they had provided to an individual at the end of their life. These case studies were used as a way of identify what had gone well in relation to the care an individual had received at the end of their life so should be repeated and what aspects of their care could be improved. The registered manager told us that a key learning point had been ensuring that families feel involved and all communication was clear when their relative was approaching the end of their life; this had been embedded into practice and remained in the forefront of their mind.

Is the service responsive?

Our findings

People consistently told us that they received exceptional care. People's relatives told us that they had complete confidence in the staff that provided people with care and that they knew that the care people received would be of a consistently high standard.

Professionals involved in the care and support of people in the home told us that they had confidence in the staff to provide skilled care and support that achieved exceptional outcomes for people living in the home. A visiting healthcare professional told us "They have a clear understanding of the medical and pastoral needs of their residents and I would happily place a relative of mine in Burlington Court and feel secure that they were in safe hands. I have worked with many of the care homes in the town over the years and in my view Burlington Court deserved the outstanding rating that it was awarded at the last inspection... Many of the strengths of the home are not tangible or visible to the eye."

People's care and support was planned proactively with them using innovative ways to involve people in coordinating their care and support to ensure that it was truly person centred. People told us and we saw that they had been involved and consulted about their care plans. People were aware of the care records kept about them. One person told us "I review my plans of care with the staff in my room. They bring in the laptop and we go through it together and my daughter helps too." People could be assured that the care they received would be provided in line with their individual preferences and that they would be in control of planning all aspects of their care and support.

People's needs were assessed before moving in to the home and this holistic assessment was used to ensure that people's care and support was designed around their specific needs. For example, the assessment for one person highlighted that they wished to continue to live with their partner who also had care and support needs and their family dog. The registered manager ensured that a ground floor room with access to the garden was made available so that the couple could live at Burlington Court with their dog. This had resulted in them engaging successfully with the staff within the home and receiving the care and support that they required. The registered manager told us "[Names] had refused to move into any other home because they couldn't take their dog with them. Why shouldn't they be able to keep their dog; we just redesigned a few bits to accommodate their needs."

People's care plans were very person centred and focused on people's strengths and abilities rather than what they were no longer able to do. There was a genuine focus from all staff on enabling people to remain independent. Staff referred to a poem that provided them with inspiration when supporting people; "You are my lifeline, I depend on you. Please don't do for me what I can do for myself. Recognise that I can do and help me function as a person." Staff were able to put this ethos into practice consistently on a day to day basis. For example, we observed staff supporting one person with mobility difficulties to transfer into an armchair. Staff encouraged this person to use a zimmer frame to stand safely. One carer said "Remember if you get stuck, march on the spot." This person raised their feet, marched in a rhythm and successfully moved and was aided to sit in an armchair.

Care plans described how staff needed to support people in a positive way to ensure all their care, social needs and risks were met. People had a care summary in their bedroom which detailed key aspects of people's care and support needs, a summary of any risks and all about their life history and what was important to them. This was then supported by comprehensive care planning documents for all aspects of people's life. When we asked staff about specific people, they knew about them as an individual and they told us what was most important to the person. They were also extremely knowledgeable about people's life history, daily routines and preferences.

Staff told us that people's plans of care were easy to follow and constantly updated so were reflective of people's care and supported needs. Staff attended handovers with senior staff throughout the day where the plan for the day was discussed alongside any changes to people's needs. These handovers were effective at ensuring that important information about people's well-being and care needs were handed over to all the staff coming on duty. For example, one person with dementia had been awake and walking in the home since 3am, staff were vigilant in ensuring they encouraged them to eat, drink and rest often and passed this information on to the afternoon staff to continue.

We observed people receiving all of their planned care at the times they required. For example people who were at risk of acquiring pressure ulcers were helped to move their position at regular times. We also observed one person living with dementia who was walking around and suddenly looked unsteady on their feet; staff were very quick to steady them and assist them to take a seat and rest. Staff had a heightened awareness of people who were at high risk of falls and ensured that there was always staff allocated to the communal areas to ensure people mobilised safely. It was evident that staff responded naturally to people in need of support in a calm, personalised manner that ensured people received the care they needed.

Burlington Court had been thoughtfully designed with a number of areas within the home providing a positive environment for people dependent upon their specific care and support needs. For example louder activities or parties were facilitated in the main lounge area on the ground floor or in the dedicated activities room; people were invited to these areas of the home at specific times of the day and provided with a timetable of events. This meant that people who wished to remain in a quieter environment were able to stay in other areas of the home and did not feel overwhelmed by the noise from activities.

In the dementia unit on the first floor of the home the hall had a mock high street of vintage shops. Throughout the inspection people were looking at the items, discussing them with staff, spending time being stimulated to reminisce. Vintage pictures were used to engage people with living with dementia and were readily accessible in this area of the home. Throughout the home there were easily accessible magazines, puzzles, picture books, pens and paper. Staff were vigilant to ensure people were not isolated and offered arts and crafts, books and time to talk. This ensured people, especially those living with dementia, did not become bored therefore risking the chance of behaviour which could be challenging to staff and distressing for people. People living with dementia also had a photo or an item that was important to them on their bedroom door to aid them in recognising which bedroom was theirs.

People were supported to maintain their interests as well as to develop new interests and hobbies. People living at Burlington Court lived rich and fulfilled lives. One member of staff told us "Just because someone is living in a home doesn't mean they don't want to do things and to have new experiences." There was a varied programme of activities on offer at Burlington Court that was led by an enthusiastic and visible activities team. As well as activities available in the home such as art, music and external performers people were supported to attend local clubs in the community. The home facilitated placements for students from Northampton University who helped staff to design and run activities for people. One student told us "I love working here; it is the best place I have ever worked. I don't feel pressured, all the activities are fun and all

the staff are involved with the residents."

Activities were tailored to meet the specific needs of the people at Burlington Court. For example activities for people living with dementia were designed to be repetitive and to provide sensory stimulation such as reading out-loud and activities outdoors. We observed people played a game of connect 4; one person liked the repetitive task of placing the counters into the rack. One person appeared anxious, we saw staff provide them with tea and biscuits and provided them with their activities photo album; they sat and talked about the activities they had done and about their family who featured in the photos. Along with the planned activities, the environment lent itself to being able to walk around, including a safe and attractive outside space accessible to people with dementia.

People were encouraged to attend activities outside of the home in the community. One person who had an interest in bridge had been supported to attend a local bridge club once per week. The attendance at this club had enabled this person to develop meaningful friendships with people outside of the home. The Activities coordinator told us "[Person] used to attend once a week and I would go with them. But they have developed in confidence and now go on their own. They go a couple of times a week now and have made friends so go on social events and to the pub every week. They have a better social life than me!" Another person told us how they had always wanted to go swimming at a pool and how staff had supported them to go swimming; "Who would have thought that at 70 years old I would be going swimming for the first time in my life; it's great." The activities coordinator told us "We researched local swimming pools and found one that was accessible for people with mobility difficulties and [Name] loved it." Other people accessed community social groups such as dance clubs, knitting clubs and groups run by the Alzheimer's Society. One person told us "I have never done so much in my life since I moved here."

People's feedback was integral to the on-going development of the service and was actively sought by the registered manager, provider and staff. For example in response to feedback from people, a bar area had been installed in the main lounge to create a more social and inviting atmosphere. We saw that this was used by people during the day and that one person visited the bar area to converse with staff and to have a Guinness. The development of this area successfully encouraged a social and inviting atmosphere enabling people to build positive relationships with staff and other people living in the home.

In the dementia unit of the strategies had been developed to prevent people from accessing other people's rooms in response to people's feedback. People who could access their rooms independently during the day could do so, but those who could not access their own rooms due to restricted mobility had their rooms locked, so that other people did not use them in the day. People who were cared for in their beds had their doors open so they could be seen, but a small wooden gate was in their doorway to prevent other people who used the service from wandering in uninvited. In response to relative's feedback, one large bedroom had been changed into a quiet sitting room for people who preferred a smaller, quieter area, we saw that people used this room regularly.

People knew how to complain and could be assured that their complaints would be resolved positively. We saw that the registered manager had thoroughly investigated any complaints and responded to these constructively and openly. We saw that appropriate action had been taken in response to any complaints raised. For example; following a complaint about laundry the registered manager had purchased a laundry trolley with individual compartments for people to prevent clothing being mixed up when being taken to the laundry room.

Is the service well-led?

Our findings

Everyone that we spoke with during this inspection provided consistent feedback that the leadership and management of Burlington Court was truly outstanding. The registered manager was exceptionally visible throughout the home and always accessible to people, their relatives and visiting professionals. Everybody we spoke with had complete confidence in the registered manager and felt that they were instrumental in ensuring that every person's experience of Burlington Court was beneficial to them. The registered Manager knew every person within the home by name, treating each person as an individual and took time to converse with them in communal areas. They ensured that people received the care that they needed in the manner in which they wished to receive it. The registered manager was a visible role model to staff and embodied the values that Burlington Court aspired to.

There was a strong person centred culture within Burlington Court that was well articulated through the 'Burlington Charter'. This Charter had 10 promises that the provider, registered manager and staff had committed to following in their day to day work with people. Amongst others it promised to "Have a zero tolerance to all forms of abuse, Listen and support people to express their needs and wants and enable people to maintain the maximum possible level of independence, choice and control." The ultimate aim of this charter was to ensure that people were treated with dignity and that they received personalised care and support from staff that valued them as individuals. Staff were consistently able to articulate this vision and to explain to us how they demonstrated it during their day to day practice. It was evident that the positive person centred culture was so strong that staff within the home did not realise they were providing such consistently outstanding care and interaction with people. The impact of this positive culture was evident throughout our inspection in the positive interactions we observed between staff and people living in the home, the activities provided and new experiences that people were consistently enabled to partake in.

There was a strong, visible management team within the home led by a provider and registered. Each unit had a dedicated unit manager who worked closely with the registered manager to ensure that people received a consistently outstanding service. The registered manager had worked closely with the unit managers to develop their skills and they were able to ensure that outstanding leadership and management of the home was in place at all times; even in the absence of the registered manager.

The management team led by example. One member of staff told us "When I first started, the manager was in the dining room talking to people. There was some washing up in the sink and he rolled up his sleeves and did it. I have never had a manager like that; I know that whatever he asks us to do he would do himself." The registered manager and senior team regularly worked care shifts in the home to understand the experiences of people and care staff. In response to these care shifts the management team had increased staffing levels at night because they felt that at times staff had to rush. The registered manager had also introduced a care summary sheet in people's bedrooms to ensure that staff had access to a snap shot of people's preferences and care needs to refer to at the time of giving care.

Staff told us that they felt empowered to think of creative ways to support people and were enabled to

develop positive therapeutic relationships with people living in the home. One member of staff told us "We have time to get to know people; we are encouraged to spend time chatting with people. That is a key part of what we do here; it's not just about looking busy." Another member of staff told us "If there is something someone wants to do then we help them to do it. For example, we got plants pots for one person who likes to garden, we took another person swimming. Life doesn't stop at 70; you can still be creative here!"

There was a strong system of quality assurance that aided the innovative development of Burlington Court. For example; in addition to audits of people's plans of care, risk assessments and incidents the registered manager also completed dignity in care audits and observational audits to ensure that people's experience of living at Burlington Court was consistently positive. A Dignity in Care Audit completed in 2016 had highlighted that on the dementia unit there were no sofas; only arm chairs. This meant that people could not sit together if they wished to and that visitors could not sit next to their relative. In response to this the registered manager purchased a number of sofas for this area and we saw that people sat next to staff and other people conversing positively during this inspection.

The registered manager used reflective learning with senior staff to aid the development of the home. For example; through reflective case studies of people's experience of being supported at the end of their life at Burlington Court the Registered Manager had ensured that all staff were aware of the importance of open and sensitive communication in a timely manner with people's relatives at the end of their life. The registered manager had also created another quiet lounge on the first floor of the home to create an environment for people's relatives to use.

Staff within the home had been commended for developing a 'My Daily Diary' which captured the experiences of people within the home and the activities that they had engaged in in a photographic format to provide a record for people living with dementia and their relatives. This project had continued to be developed further to provide a record of people's lives at Burlington Court and we received feedback from people's families that these records provided comfort to them after people had passed away as well as a source of reminiscence for people living with dementia.

The provider and senior management team were committed to continually improving the service that people received and focussed on gathering feedback from people to identify areas where the service could be improved. People were actively encouraged to raise their concerns and there were systems in place to support them to do this. The registered manager was accessible to people throughout the home and we observed people approaching the registered manager throughout this inspection. There were regular residents' meetings where agenda items such as meals and activities were discussed. The feedback from people was valued and actively considered in the development of the service. For example a dessert trolley had recently been introduced so that people could see the choices of dessert and a greater number of options had been introduced. This had been valued by people living in the home and the registered manager reported had increased the amount of food that some people ate. The lack of car parking had also been highlighted by people's relatives as being an area that could be improved and in response to this the provider had created six additional car parking spaces.

Staff were enabled to implement innovative ideas to improve people's involvement in their care planning. One of the unit managers had noticed that relatives did not always understand the needs of a person with dementia; they created an information board based on the information from the Alzheimer's Society for the benefit of relatives and representatives. The notice board was placed in the area where reviews were carried out and was used in discussions with relatives about the care people received and the rationale behind it. People's relatives had provided feedback that this had proved to be very useful and really helped them understand how to continue to engage with and have meaningful contact with their relative in the home.

There were also comment forms available in reception and satisfaction surveys were sent out to people annually. We reviewed the comments from people that the provider had received and found that these were consistently positive; their comments included; "I really cannot speak too highly of the care and compassion with which you all treat dad" and "The whole of Burlington Court its' staff, from top to bottom, radiate genuine care and skill."

The registered manager who had previously achieved a rating of outstanding from CQC worked closely with local commissioners to share good practice and acted as a role model for other care services. The registered manager had given talks at provider forums in relation to 'what outstanding looks like' and had an open offer to any service that wished to visit the home for ideas, advice and guidance. The registered manager told us "I am proud of Burlington Court and what we do. I am happy for anyone to come here and see what we do and take away ideas. I'm all for helping other services develop."

The service had links with the local community and was part of the Northampton Carnival planning committee. Local schools and colleges visited the home on a regular basis to take part in activities and seasonal celebrations. The home also offered work placements for social care and nursing students from Northampton University and was a 'preferred placement' for students. The registered manager had also worked with Northampton University to create a bespoke 'Team Leader in a Care Setting' apprenticeship qualification that was now offered by the University.