

MyLife Supported Living Limited

Burbank Mews

Inspection report

1-4 Burbank Mews
Burbank Street
Hartlepool
Cleveland
TS24 7NY

Tel: 01429851352

Date of inspection visit:
29 July 2020

Date of publication:
26 August 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Burbank Mews is a residential care home providing personal care for 12 people with a learning disability and/or autism in six bungalows. Nursing care is not provided. At the time of inspection eight people were using the service.

The service is larger than recommended by best practice guidance. However, the provider had arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

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

The management had made improvements to the service. All the requirements of the warning notice had been met.

The systems to manage people's medicines had been improved and medicines were now being given safely.

Staff recruitment procedures had been updated so staff were employed safely.

Accidents and incidents were now being analysed to look for trends and patterns. Staff were involved in discussions about how to improve the support to reduce the likelihood of incidents reoccurring.

People's weight was being monitored and assessment tools were used to guide staff about what actions should be taken following changes to people's weight.

Staff had written guidance about how to support people with specific health care needs. Staff were knowledgeable about how to support people with these needs.

People were supported by a team of staff who knew them well. People told us they felt safe and liked the staff that supported them. Staff were caring, respectful and ensured people were treated well.

Care plans had been reviewed regularly and had been updated to reflect people's current care needs.

The service had implemented mental capacity assessments and undertaken best interest decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was inadequate (published 30 April 2020).

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 April 2020.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Inspected but not rated.

Inspected but not rated

Burbank Mews

Detailed findings

Background to this inspection

The inspection

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

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team consisted of three inspectors. Two inspectors visited the service and the third inspector reviewed records prior to the visit.

Service and service type

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

There is a manager at the service, and they had applied to CQC to be the registered manager. Registered managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection on the morning and visited the service on the afternoon. We gave a short period notice of the inspection because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 July 2020 and ended on 3 August 2020. We visited the office location and people in the care home on 30 July 2020. We made telephone calls to staff on 3 August 2020.

What we did before the inspection

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

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including; the operations manager and the manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and some records in relation to the general safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We found that they had met these requirements. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There is a new manager in the service who has applied to be registered with the Care Quality Commission. The provider's operations manager continued to have close oversight of the service.
- The manager and the wider management team had made improvements to the way risks were mitigated. For example, we found medicines had been given safely and guidance for staff was clearer, accidents and incidents had been analysed for possible trends and staff were asked what lessons could be learnt from each incident. Mental capacity assessments had been completed.
- Care records had been updated, were accurate and reviewed regularly. New support plans were being developed to reflect people's wishes for care at the end of their lives.
- People's weight was monitored effectively. A nationally recognised assessment tool was now being used so staff knew what actions to take in relation to people's weight.
- Positive behaviour support plans had been reviewed and staff were knowledgeable about how to support people emotionally. Staff had recently completed training in positive behaviour support to help them follow the plans effectively.
- There was evidence of the service making appropriate referrals to other health professionals. Guidance for staff had been updated and staff were taking a more consistent approach.
- Recruitment practices had improved, and staff were employed safely.
- Improvements to the environment and necessary safety checks had been completed.