

Burrow Down Support Services Limited

# Burrow Down Community Support

## Inspection report

Suite C Office 8  
4 Palace Avenue  
Paignton  
Devon  
TQ3 3HA  
Tel: 01803 526710  
Website: [www.burrowdown.co.uk](http://www.burrowdown.co.uk)

Date of inspection visit: 11 and 12 February 2015  
Date of publication: 01/05/2015

### 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?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this unannounced inspection on 11 and 12 February 2015. This was the first inspection of this location which was registered in April 2014. The service was well established and had previously been managed from another location. We received concerns from the

local authority safeguarding team. These concerns were looked at within a safeguarding process. We looked at the areas of concern during our inspection and did not find any evidence to support them.

Burrow Down Community Support provides a supported living service to people with learning disabilities or people who are on the autistic spectrum. A supported

# Summary of findings

living service is where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with the landlord and a separate agreement to receive their care and support from a domiciliary care agency.

There is 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.

We visited three of the six supported living settings. People had their own rooms and shared other parts of the house including the lounge, kitchen, dining room, and bathroom.

People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way.

People benefited from receiving care and support from skilled, trained, and experienced staff who knew them well. One person told us "I'm happy, I like living here".

People told us they felt safe when staff supported them. They had a regular group of staff who they knew and trusted. Appropriate staff recruitment checks had been undertaken to ensure staff were suitable to work with vulnerable people. Staff received safeguarding training and knew what to do if they were concerned that a person was being abused.

Care plans were personalised, including people's preferences and what was important to them. There was detailed information on how to meet people's health and care needs, communicate, recognise when people were unwell, and manage behaviours that may present a risk to others. Where people did not have the mental capacity to make decisions for themselves, staff knew how to make sure people's rights were protected and worked with others in their best interests.

When people's health needs changed the registered manager acted quickly to ensure the person received the care and treatment they needed. A community professional told us they always found the staff to be very responsive and committed to providing a personalised service to individuals.

People were active members of their local community and took part in a range of activities. Flexible staff support was provided to meet people's needs and allow them to follow their interests. People were enabled through positive risk taking to progress, gain new skills, and increase their independence.

People were supported to maintain a balanced diet. People took part in food shopping and preparing their meals. Staff offered choices in food and drink and supported people to prepare them.

People's medicines were managed safely. Some people managed their own medicines if they wanted to and if they had been assessed as safe to do so. Staff gave other people their medicines. People had received their medicines as they had been prescribed by their doctor to promote good health.

The service had an open culture and clear vision and values, which were put into practice. People told us they found the registered manager was approachable. Where complaints had been made, the provider had responded appropriately. Action had been taken to prevent the issue happening again. Staff said there was an open and honest culture and they could speak to the registered manager at any time.

The registered provider had systems in place to assess and monitor the quality of care and support provided. They encouraged feedback and used this to drive improvements.

Incidents were recorded in individual care plans. **We recommend that** the service considers keeping incident records together so the registered manager can monitor them for trends.

# 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.

People told us they felt safe in their home. They were encouraged to go out independently, if appropriate, and knew what to do if they were worried about anything.

People were enabled to take risks in order to lead more fulfilling lives and the service managed risk in positive ways.

People were given their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People benefited from staff who were trained and knowledgeable in how to care and support them.

People were supported to access a range of healthcare services.

People were supported to maintain a balanced diet. They took part in food shopping and preparing their meals.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect and kindness. Staff and people interacted in a friendly way.

People were involved in making decisions and planning their care and support. People made choices about their day to day life.

Staff knew people well and showed compassion to relieve people's distress.

Good



### Is the service responsive?

The service was responsive.

People had access to a range of work placements and activities.

People's care and support was based around their individual needs and aspirations.

There was a complaints procedure in place. People told us they would go to staff if they were unhappy.

Good



### Is the service well-led?

The service was well-led.

The provider and registered manager kept up to date with current best practice and were keen to develop and improve the service.

The service's vision and values were embedded in staff's everyday practice.

There were effective quality assurance systems in place to monitor the service people received and drive improvements.

Good



# Burrow Down Community Support

## 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 was 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 visit took place on 11 and 12 February 2015 and was unannounced. Two social care inspectors carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the provider to give some key information about the service, what the service did well and improvements they

planned to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We spoke with the local authority safeguarding team to find out about the recent concerns that had been raised.

On the day of our visit, twenty seven people were using the service. We used a range of different methods to help us understand people's experience. We spoke with five people. We spoke with eight staff and the registered manager during our visit. We received feedback from two community professionals who worked with the service.

We looked at four care plans, medicine records, three staff files, audits, policies and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe and would go to staff with any concerns.

People were protected from the risk of abuse as staff had received training in safeguarding people. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. The provider had safeguarding policies and procedures in place. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

The registered manager had recently attended a safeguarding meeting which related to a communication issue. As a result, they had put further training in place to ensure staff knew what to do, to minimise the risk of a reoccurrence.

People were enabled to lead fulfilling lives as staff supported them to take risks. For example, staff had supported one person to go out on their own. Staff had worked with the person to improve their road safety skills. The person carried a mobile phone so they could call staff if they needed to when they were out. Risk assessments were completed for each person. Staff had been given information telling them how to manage these risks to help ensure people were protected. Each risk assessment gave information about the identified risk, why the person was at risk and how staff could minimise the risk.

Some people could display behaviours that may put themselves or others at risk. Staff told us they managed each person's behaviour according to their individual assessment. Care plans included detailed information about the person's behaviour, triggers that may result in the behaviour, signs to look out for, and steps on how to manage the situation. Staff told us they had completed training in managing behaviour that challenges and managing aggression. They were familiar with appropriate distraction and breakaway techniques for people. They had also completed training in non-abusive psychological and physical intervention (NAPPI). Staff told us they did not usually use any form of restraint. If staff needed to use restraint in an emergency situation they had to report this immediately. The registered manager told us how they had

worked with one person who had moved from a service where restraint was used. They worked with the person to find ways of managing their behaviour and had not needed to use restraint.

Incidents were recorded in individual care plans. **We recommend that** the service considers keeping incident records together so the registered manager can monitor them for trends.

People's support and care was provided by a stable staff team. Staff and management told us staffing levels were sufficient to meet people's needs, enabling people to go out when they wanted to. People told us they received flexible support to meet their needs and allow them to follow their interests.

Systems were in place to cover staff leave. Staff told us they provided cover for each other. They told us this ensured people were supported by staff they knew well and who knew them well.

The provider had safe staff recruitment procedures in place. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Care plans included a section for administering medicines.

People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff gave some people their medicines. Staff had received medicine training. There had been a recent incident where the medication administration records (MAR) sheets had not given clear instructions to staff. The deputy manager told us they had obtained a list of prescribed medicines for each person from the doctor. They had then obtained new MAR sheets from the pharmacist to ensure they were correct. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health.

## Is the service safe?

There were arrangements in place to deal with foreseeable emergencies. For example, we saw first aid boxes were available in the properties we visited. There was a folder in each property which contained emergency evacuation plans in the event of a fire.

Arrangements were in place to deal with building maintenance issues. Staff told us they supported people to email the landlord with any issues. They told us there had been a power cut recently. The electrician had attended within a couple of hours.

# Is the service effective?

## Our findings

People received care and support from staff who knew them well. One person told us “I’m happy, I like living here”.

Staff were trained to provide appropriate care and support to people. Staff training was delivered on-line and face to face. Staff told us they had completed a 20 week induction programme. A new staff member was positive about their job role. They told us they had started their induction and were getting to know the people they cared for and supported. Staff received regular training updates in areas relating to care practice, people’s needs, and health and safety. Additional training which was specific to people’s needs included autism awareness, epilepsy, and how to manage behaviour that may present a risk to others.

A community professional who worked with the service said when they provided training for the service, staff attendance was excellent and staff were eager to learn.

Staff told us they received regular one to one support and felt well supported by the provider and registered manager to fulfil their role.

Information was passed to staff at verbal handovers and through written records. Regular staff meetings were held at each property to share information and discuss practice.

Staff had an awareness of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff and management had received training on the MCA. There were policies and procedures in place. The registered manager told us if people had been assessed to lack

capacity, decisions would be made in the person’s best interest and take into account the person’s likes and dislikes. Several people had the support of Independent Mental Capacity Advocates (IMCA) to represent their views.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP, dentist, optician, community learning disability nurse, and psychologist. One person told us how they were encouraged to access their own healthcare appointments. Staff told us they supported people to call the doctor when necessary.

A community professional who worked with the service said Burrow Down Community Support worked well with them and made referrals when needed. Staff listened to them and acted on their advice.

The service had sought advice and support from a speech and language therapist (SALT) for one person who was at risk of choking. The SALT had visited the service and carried out an assessment for this person. The care plan had been updated to reflect the advice given and staff demonstrated they had a good understanding of how to support this person when they were eating.

People were supported to maintain a balanced diet. Care plans were in place to identify assistance required in this area.

Some people chose to eat at the same time as the other people in their property making it a social event. Other people’s mealtimes were guided by their individual daily routines and they had individual support with their meals.

People were involved in shopping and menu planning and they chose what they wanted to eat and drink. People living in one property had sat down and planned their meals together. One person told us they chose their preferences, and occasionally picked a takeaway meal as a treat.

# Is the service caring?

## Our findings

People told us they were happy and staff were caring.

Staff knew people well. They were able to tell us about people's individual needs, preferences, personalities, and personal histories. Staff commented "I enjoy my time with people, they're like family" and "we want people to have a happy, homely life".

Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. One person wanted to do some artwork. Staff patiently went through each crayon, naming its colour so the person could choose.

People were supported in their activities and daily living tasks when needed. For example, one person was blind. Staff offered the person a drink and then patiently guided the person in the kitchen so they could make their drink independently.

People expressed their views and were involved in making decisions about their care. The registered manager told us when a care plan was set up initially the person, their

representatives, staff, and healthcare professionals where appropriate, would sit around the table to make sure it was personalised. They would discuss which format was most suited to the person so they could be involved as much as possible. Care plans were personalised and contained a range of formats including symbols, photographs and words to help the person understand their plan. Staff and people confirmed they had been involved in their plan.

Several people were keen to show us around their homes. Staff gave people time to lead the way. People enjoyed this responsibility and proudly showed us their home.

Staff were able to tell us how they would maintain people's privacy, dignity and independence. For example, when one person experienced a seizure, staff told us they would make sure the area was cleared to respect their privacy and dignity.

People benefited from staff who showed compassion and took action to relieve distress. For example, one person had suffered a recent bereavement. Staff had obtained information leaflets to help them to support the person through their grief.



# Is the service responsive?

## Our findings

Care and support plans were reviewed regularly to ensure people's changing needs were identified and met. People, their relatives, staff, the registered manager, and healthcare professionals where appropriate were involved in these reviews. A community professional told us they always found the staff to be very responsive and committed to providing a personalised service to individuals.

People were supported by staff who responded promptly to their needs. For example, one person was experiencing pain when walking. The doctor visited on the same day. Further to the doctor's visit, the person did not look well and their condition deteriorated. Staff took the person to hospital. The person had sustained a fracture as a result of their medical condition. When the person returned home, the service arranged additional staff to make sure they had support when they wanted to mobilise. The care plan was reviewed to reflect the person's changed needs.

People went out independently or were supported by staff to go out. Staff told us they worked flexibly, and would come in early to enable activities to take place. On the days of our visits, we met people who had been to the local shops and bank. People went to work placements, college, and day centres. People enjoyed going to local

cafes, pubs, the zoo, and taking part in activities that reflected their interests. Two people had been swimming. Staff told us they had taught one person to swim and it was something they now really enjoyed.

People were supported to set goals they wanted to achieve. One person wanted to do their own ironing. Staff supported them to do this. The person was pleased they had recently ironed two shirts independently.

People were supported to maintain contact and relationships with family and friends. One person told us they regularly travelled by bus to see family. Some people told us they enjoyed meeting friends locally.

People and their representatives had access to the complaints procedure. This was also available in an accessible format with pictures and symbols to help people read it. Staff told us people would come and tell them if they were unhappy. Staff knew to look for facial expressions and changes in behaviour to tell if a person was unhappy. People confirmed if they were unhappy they would tell the staff. The service had received three complaints in the past twelve months. Each complaint had been managed in line with the provider's complaints procedure. Where shortfalls in the service were identified, the registered manager had spoken with the staff concerned to prevent it from happening again.

# Is the service well-led?

## Our findings

People told us the registered manager was approachable. A community professional told us Burrow Down Community Support was an organisation that listened and learnt. They said they responded positively to professionals, people and their families without losing sight of the rights of the individual. Staff said there was an open and honest culture. They told us they could go to the registered manager or ring them at any time for advice. One staff member told us if they had any queries they could phone and ask for a meeting with the registered manager. They added if they had an issue they always got an answer.

Staff were encouraged to be open in team meetings and talk about issues so improvements could be made. One staff member told us staff had suggested people would benefit from having a car at one of the properties. The registered provider had bought a car and people were going out when we visited.

The registered manager was keen to develop and improve the service. They told us how they accessed resources to ensure they kept up to date with research and current best practice. For example, they accessed information from Skills for Care and Social Care Institute for Excellence. They attended forums and meetings with other providers. They received the monthly updates from the CQC. The service had been awarded the Investors in People Award which is a management framework for high performance through staff.

The registered provider's vision and values for the service were written in their business plan. Their aim was to support people to progress. Staff knew the provider's vision and this was reflected in their work. They told us "I like setting goals with people and helping them to achieve them" and "we give people as much opportunity as possible".

The deputy manager visited every property once a week to monitor the quality of care and support being provided. Action was taken when shortfalls were identified. For example, one property was identified as needing a thorough clean. Action had been taken and the property was clean.

New service satisfaction questionnaires had been developed and related to the five questions - safe, effective, caring, responsive, and well-led. These were being sent out every two months over a twelve month period to people, healthcare professionals and staff. These asked people for their views of the care and support provided.

The provider checked the landlord had carried out all health and safety checks. For example, electricity, gas and fire maintenance.

The registered provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.