

MyLife Supported Living Limited

Burbank Mews

Inspection report

1-4 Burbank Mews
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31 August 2022

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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 ●

Summary of findings

Overall summary

About the service

Burbank Mews is a residential care home providing personal care to up to 12 people in 6 bungalows. The service provides support to autistic people and people with a learning disability. At the time of inspection 8 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The service supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative. People were supported in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

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.

Right care

Staff promoted equality and diversity in their support for people. Staff understood and respected people's religious and cultural needs and supported them accordingly. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. Staff supported people to try new activities that enhanced and enriched their lives. Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 March 2021). At that inspection we found improvements had been made, and the provider was no longer in breach of regulations 12 (safe care and treatment), 17 (good governance) and 19 (fit and proper persons employed). At that inspection we only inspected the key questions safe and well-led as they had previously been rated inadequate (report published 3 August 2020).

During this inspection we inspected all key questions and the remaining breaches of regulation, which included regulations 9 (person-centred care), 11 (need for consent) and 18 (staffing). At this inspection we found significant improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Burbank Mews is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Burbank Mews is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was 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 17 August 2022 and ended on 31 August 2022. Two inspectors visited the service on 17 August 2022 and one inspector visited on 25 August 2022.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 5 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, operations manager, team leader, advanced care practitioner and 9 support workers. We also sought feedback from staff via email and received 25 responses.

We reviewed a range of records. This included 3 people's care records. We looked at 4 staff files in relation to recruitment and other records regarding provider training and monitoring. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible, because staff managed risks to minimise restrictions. People's care plans recorded what risks were relevant to individuals and measures staff should take to minimise such risks.
- Staff managed the safety of the living environment and equipment well through checks and action to minimise risk. Relevant health and safety checks were up to date.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Care records detailed how people wanted and needed to take their medicines.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Burbank Mews. One person said, "I like living here as I feel safe. Now I've got a wheelchair that makes me feel more safe."
- Relatives felt people were safe. One relative said, "I am reassured [family member] is safe." Another relative told us, "[Family member] does seem to be happy enough and [staff] are keeping them safe."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Safeguarding records were detailed, and referrals had been made appropriately.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's

individual needs, wishes and goals. Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Visiting arrangements followed current government guidelines. Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff recorded any use of restrictions on people's freedom, and the management team reviewed use of restrictions to look for ways to reduce them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At a previous inspection (report published 3 August 2020) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At a previous inspection (report published 3 August 2020) staff training and supervisions were not up to date. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, such as diabetes awareness, epilepsy awareness, oral care and restrictive interventions specific to individuals.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- If staff had to use restrictive practice, teams held debriefing meetings and reflected on their practice to consider improvements in care.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff felt well supported and that they could raise issues with the management team at any time.

Ensuring consent to care and treatment in line with law and guidance

At a previous inspection (report published 3 August 2020) the service was not working within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff understanding of the MCA had improved. Staff empowered people to make their own decisions about their care and support. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

At a previous inspection (report published 3 August 2020) people's individual health needs were not monitored effectively. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to attend annual health checks, screening and primary care services. Where people were anxious about medical appointments, staff worked with health professionals to minimise people's distress.
- Multi-disciplinary team professionals were involved in support plans to improve people's care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff supported people to gain or lose weight according to their individual needs, which relatives told us they were happy with.
- People were involved in choosing their food, shopping, and planning their meals wherever possible. One person told us how staff helped them to plan their meals and make healthy choices.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff supported people to eat and drink in line with their cultural preferences and beliefs.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean and well-maintained environment which met people's sensory and physical needs. Where people had specific sensory needs, staff supported them to take steps to remove items from their bedroom, for example, to minimise distress and keep the person safe.
- During our inspection we saw extensive building work was underway. Bungalows were being divided so

they could be converted to single occupancy. This was being done in a phased way to ensure disruption was minimised as much as possible. Risks around this were managed appropriately and people had been consulted on this. People were excited to move into their new bungalows and were looking forward to buying new items such as furniture and curtains. A relative told us, "I took [family member] back to the service yesterday...and it was all ready for them going back and [family member] was quite happy.... they have done fantastic. When I took [family member] back it was all done. It is amazing how quickly things can be done."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care and support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who supported them and told us they enjoyed living at Burbank Mews. People were well matched with their designated core teams of staff and as a result, people were at ease, happy, engaged and stimulated. A relative told us, "[Family member] looks on staff as their friends. I don't think [family member] sees them as staff, as [family member] sees them as their pals."
- Relatives felt staff were kind, caring and respectful and they were happy with the care provided. One relative commented, "I cannot thank the staff enough for all of the work they put into moving [family member] into their new single bungalow recently. [Family member] is really pleased with it. I believe 4 staff went in when it should have been their days off. I really appreciate that."
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. Staff knew how to minimise people's distress.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful such as excessive furniture or possessions.
- Staff members showed warmth and respect when interacting with people.

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves, wherever possible, and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those who were important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person proudly told us how they mowed their own grass, which they enjoyed. A relative said, "Since moving in [family member] is a lot more independent than they were." Another relative said, "Staff try to get [family member] to do small things for themselves where they can. Even if it is just carrying their dirty things to the

washing machine or letting [family member] know that they can make their own choices."

- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

At a previous inspection (report published 3 August 2020) people's care plans had not been reviewed regularly and were not always consistent or up to date. This was a breach of regulation 9 (person-centred care)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care and support plans reflected their individual needs and were reviewed regularly. People received personalised, proactive and co-ordinated support in line with their care plans.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. One person proudly told us how they had enjoyed a minibreak, which they had always wanted to do. Staff had supported them to plan this in detail to ensure the person felt in control. The person told us more mini breaks were planned and staff were helping them research places to stay so they could choose for themselves.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.
- Staff spoke knowledgably about tailoring the level of support to individual's needs. A relative said, "If staff feel [family member] is getting a bit stressed, they know how to stop [family member] from getting upset, they know how to pre-empt it. This is really reassuring to us, that staff know [family member] that well."
- A health professional told us, "The service is responsive in terms of communication, and they are quick to inform professionals of any changes or developments."
- Staff met the needs of people using the service, including those with needs related to protected characteristics such as disability or religion.
- Nobody using the service was receiving end of life care. Where people had been able to express preferences in this area, these were captured in support plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The provider was meeting the requirements of the Accessible Information Standard. Staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations. People were supported by staff to try new things and to develop their skills. A relative told us, "Staff take [family member] out in his car wherever [family member] wants to go. They even managed to take [family member] to a zoo, which they had been building up to for a period of time, as they needed to get [family member] used to having something to eat and drink while they were out. Staff spent the last year getting [family member] used to that, to the point they could go and [family member] loved that."
- People were supported to participate in their chosen social and leisure interests on a regular basis.
- People who were living away from their local area were able to stay in regular contact with friends and family via a range of communication methods.

Improving care quality in response to complaints or concerns

- People and relatives said if they had any concerns they would speak to staff or the management team.
- The registered manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff told us morale had improved and they had confidence in the registered manager. One staff member told us, "I think [registered manager] is the best manager we have had in a very long time. They listen to us in regard to the resident and ensures that person is the number one priority and resolves any issues that arise. I think they're the only manager in a long time that has been there for the staff too in a genuine way. I don't think we would be where we are at Burbank without them. He has really improved the morale and makes you feel a lot more supported. The deputy is also really approachable and will go out of their way to help where they can." Another staff member said, "I feel the service is a lot more stable and productive than it has ever been."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support and applied the duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills and knowledge to perform their role and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- Staff worked well in partnership with other professionals such as community nurses, care managers and advocates, which helped to give people using the service a voice and improve their wellbeing.