

# U&I Care Limited

# Burton House

## Inspection report

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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

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

It provides services for adults with a learning disability and autism. Burton House is registered to provide support for six adults and at the time of the inspection three people lived in the home and four other people accessed the home for respite care at various times.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, 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.

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.

Thorough recruitment and staff induction was in place to ensure that staff were suitable to work and provide support within the home. Staff work across all U&I Care Ltd services so that they get to know everyone.

Care and support were delivered on an individual basis and the occupants of the home decided their daily routines. Care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities which were meaningful to them for example education, work placements and sports. People were given opportunities to experience new activities with varying degrees of success.

We found people were supported to connect with other people using the U&I Care Limited services to avoid social isolation. People also attended events at community activities, social clubs and discos. The time spent engaging with these activities was dependant on their preferences and well-being at the time.

People told us they felt safe. People's responses and interactions showed us that they felt comfortable with

the staff members supporting them. The service worked hard to promote inclusivity and people's diversity was embraced.

Staff supported people to make their needs and wishes known, and what worked best to ensure they had a good day.

Recent changes to the management structure were seen as a positive move and supported clear lines of accountability. We considered that this would help with issues we had identified at the last inspection regarding robust planning and review, overview, record-keeping and governance to support consistent safety and quality of care.

Staff told us they were proud to work for U&I Care Limited. There were processes in place for staff to access support at any time and we were told by staff they felt supported by the management team. Records clearly showed that staff received formal supervision, appraisal and regular training.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 08 May 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 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.

# Burton House

## Detailed findings

### Background to this inspection

#### The 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.

#### The inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Due to the nature of the service, we informed the provider of our inspection plan. This is because the provider operates several care homes as well as a domiciliary care service using one large staff team. For Burton House, inspection activity started on 08 May when we met with people living in the home at a social event. We visited the home on 26 June 2019 and the inspection concluded on 01 July 2019. We visited the office location on 08 May 2019.

#### What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. 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

During the inspection, we visited the head office, we looked at one person's care records and checked records relating staff administration of medicines and training. We checked audits and quality assurance reports, incident and accident records, as well as the recruitment supervision and training information for nine staff, as they work across all U&I Care Limited services, including Burton House. We visited the care home and met with the three people living there.

We spoke at length with 22 members of staff who work across all U&I Care Limited services including, support workers, senior staff, the service manager, the registered manager, a director, human resources and the behaviour support psychologist. We also spoke with two relatives and a social worker for one of the people living in the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to robustly identify staff recruitment procedures and information was missing from staff recruitment files. The provider had not followed their own policies and procedures in relation to recruitment for some staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Thorough assessments had been undertaken of the suitability of staff to work with people supported by the service.
- Records demonstrated that U&I care had applied to the Disclosure and Barring Service (this is an organisation where information is held relating in respect of any criminal records people may have, or where information is stored regarding people unsuitable to work with vulnerable people).
- Staff files contained evidence that applications for work had been submitted and an interview process was in place. Recruitment procedures also included satisfactory references from previous employers.

### Assessing risk, safety monitoring and management

- Records were maintained of the water temperatures throughout the home to ensure they were not in excess of safe levels.
- A legionella risk assessment had been completed in February 2019.
- Audits were completed in respect of the environmental risks such as electrical equipment and gas safety.
- Risks were assessed relating to the environment, risk assessments were completed to ensure safety of the people living there, visitors and those working in the home.
- People living in the home had a variety of risk assessments in place according to their needs and activities. These promoted positive risk taking to ensure they had fulfilled lives.

### Using medicines safely

- Staff received training and support so they could managed medicines safely.
- Guidance and protocols were in place to manage 'as required medicines' and homely remedies.
- Systems were in place for the regular auditing of people's medicines. Clear procedures were in place to manage and identified errors relating to medicines management.
- People were supported to be as independent as possible with their medication.

### Systems and processes to safeguard people from risk of abuse

- A person living in the home told us they had lived there for a long time and felt safe but didn't get along with somebody else using the service.
- Their social worker told us that this was being managed well by the home.
- A relative told us that she believed her family member was safe living in the home.
- Staff told us they received training in safeguarding adults as part of their induction.
- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern.
- We observed that people had strong relationships with the staff working with them, they looked for reassurance and confirmation of what was going on and appeared calm and settled with their support. The provider told us it was important that staff built good relationships with the people receiving support.

#### Preventing and controlling infection

- The home was clean and tidy. Staff followed daily and weekly cleaning schedules. Staff actively encouraged those living in the home to keep their environment clean.

#### Learning lessons when things go wrong

- Staff completed incident and accident reports and were supported to reflect on the incidents to help prevent further occurrence.
- Incidents were analysed and reported to the senior staff. Strategies for working with specific behaviours were developed in consultation with the behavioural support psychologist employed by the service.
- The services manager and the registered manager of the service had a good oversight of all incidents occurring in the U&I Care Limited service portfolio.



# 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 available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service information was obtained and comprehensive assessments were completed relating to their needs.
- Care plans demonstrated that staff worked alongside people to help them to achieve their dreams and aspirations and to become more independent.
- Staff were flexible in meeting the person's needs, for example staff rotas were often changed so that support could be given by their preferred staff member.
- Care plans were thorough and comprehensively covered people's needs and preferences. We found that the standardised format of the plans meant that sometimes information was recorded when not required or relevant to individuals.
- This was discussed with the manager and while we could not find any impact on the quality of care and support people received, we saw no value to some of the information.
- The appointment of a behavioural psychologist has assisted in identifying potential problems at an early stage and developing suitable strategies to support people effectively.

Staff support; induction, training, skills and experience

- New staff received induction training into the role covering the care certificate standards. There was an assessment of staff skills after this training. This helped ensure staff had the right skills and qualities for the role.
- We met one new staff member who told us that they felt supported by all staff to get to know the routines of the individuals living in the home.
- Staff told us they had ample opportunity to meet the people they supported and time was given to get to know them.
- Staff told us they were never asked to undertake tasks they did not have the knowledge or training to do.

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

- Staff helped people to prepare food. We heard discussions about healthier food options and choices.
- Records were maintained of what people ate and drank to ensure they received a balanced diet. When recording this information specifically if there are concerns about weight loss/weight gain information regarding portion size would make records meaningful.

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

- One relative told us that without the quick thinking and action by staff in getting appropriate medical intervention, she would have lost her family member.
- Care plans contained information relating to the health professionals involved with the person's care. Visits to healthcare professionals were recorded with the outcome of the visit and were up to date and accurate.
- We were told by a social worker they had regular review meetings at the home.

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

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.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed to consider whether people were being deprived of their liberty. We asked the service to keep records when they had followed up on application progress with the local authority.
- The service supported people to make a variety of decisions relating to their care and support.

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

- The home is in the heart of the community and in keeping with the local surroundings.
- The home was well furnished and decorated with modern styles to suit the young people living there.
- Adaptations were not evident as the people in the home did not have specific needs and all were active and mobile.

# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; Respecting and promoting people's privacy and dignity and independence

- Staff were fully familiar with people's likes and preferences including their previous life experiences. Staff aimed to adapt care and support to maintain their interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and prevent social isolation.
- Staff were genuinely interested in the people they supported.
- Staff thought of the people they supported as either friends or family but were aware of the need to keep professional boundaries.
- Staff consistently treated people with a very kind and compassionate manner.
- Staff knew when to support people and when time and space was needed to process information. We heard staff knocking on doors and working in collaboration with individuals to enable them to remain in control.

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

- People's confidential information was kept private and only people who needed access could do so.
- People were involved in the planning of their care. We found that the service had used various methods to incorporate people's wishes.
- Care plans incorporated how people communicated, and how they identified their wishes. We saw examples of 'trial and error' for activities. These were sample sessions to determine if people wished to participate prior to being added to the activity plan.
- The service enabled people to "vote with their feet" and worked individually and flexibly so that people could remain in control of their lives.
- When people were making unwise decisions by not attending or participating in health appointments, staff recorded their actions and looked for ways to alleviate any fears they may have.
- Staff supported people to access advocacy services where this was needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People were seen very much as individuals and each person had an individualised care package. This meant they had appropriate staff support to encourage support and activities in line with their preferences.
- People's care plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider U&I Care Ltd had resources available to provide information to people in a variety of ways This included picture books, Makaton (this is a specialist sign language used to communication with some people with learning disabilities) and audio. They could access interpreters as required to ensure the views of people using the service and that of their family were represented.

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

- Staff were knowledgeable in respect of the religious festivals that were going on during the inspection and supported people living in the home and their relatives with this.
- People were offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home.
- Staff supported people to attend clubs externally or visit friends, attend community activities or attend voluntary work placements. People led their own activities programme and decided whether to participate or not.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure, improvements had been made to the management structure which supported clear lines of accountability in the management of complaints.
- Improvements could be made to incorporate any verbal complaints made by people using the service. Information around concerns were recorded on individuals care planning records. This was discussed with the manager as had it been included as part of the complaints register, which would mean the provider would have a better overview. This was agreed as an area to develop.

End of life support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance ensured 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly identify shortfalls in the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improvements had been made to the structure of the management team since the last inspection and this was a positive move. The service had employed a service manager. This had created another layer of management to monitor performance and outcomes of the service provision. It also afforded another management level to support the registered manager who was also the owner of the business.
- Management restructuring had assisted the service to make the necessary improvements. The improved structure and the audits in place were effectively monitoring the service but needed time to embed and achieve the necessary consistency.
- The service manager was knowledgeable, very experienced and well respected by people and staff. Staff also spoke highly of their individual line managers and the support they received from the registered manager, who also owned the business.
- Ratings from our last inspection were displayed on the provider's website and within the service.

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

- There was a positive and can-do culture at the service when planning to meet people's needs. One staff member told us, "It's not like being at work; it is like a family here. We work as a team and get things done." Another staff member told us, "The teamwork is wonderful." Another told us "I am very proud to work for U & I Care".
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team were engaged and transparent throughout the inspection process.

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

characteristics

- Staff enabled people to retain their independence and supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People were involved in the development and delivery of their service on an individual basis, through regular reviews, safety checks, surveys and meetings.
- U&I Care employed and supported people with various cultural backgrounds. Staff felt that they and the people using the service had their cultural and religious beliefs acknowledged. The service celebrated many festivals and ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations.
- The service has a long history of working with other organisations to support people making the move from children's services into adult services.
- There was a strong focus on learning from incidents and adverse events. For example, we saw where things had not gone as well as they could, the service had analysed this in detail and put measures in place to improve the quality.
- The appointment of a behavioural psychologist has assisted in identifying potential behavioural problems at an early stage. Suitable strategies were put in place as they arose to support people effectively.