

Burlington Care Homes Ltd

The Shrubbbery

Inspection report

66 College Street
Higham Ferrers
Rushden
Northamptonshire
NN10 8DZ

Tel: 01933317380
Website: burlingtoncare.co.uk

Date of inspection visit:
05 July 2016

Date of publication:
05 August 2016

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

The Shrubbery provides accommodation and personal care for up to 45 people who may be living with dementia and have frail elderly care needs. At the time of inspection, 39 people were living at the service.

We carried out our unannounced comprehensive inspection on 5 July 2016. Prior to this inspection we had received concerns in relation to the care people were receiving and the management of the service. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

There was 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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient numbers of staff available to meet people's care and support needs

Effective recruitment processes were in place and followed by the service.

Medicines were stored, handled and administered safely within the service.

Staff members all had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the manager and had regular one to one time.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were able to choose the food and drink they had and staff were able to support people with this.

People were supported to access health appointments when necessary.

The staff supported people in a caring manner. They knew the people they were supporting well.

Where possible, people were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were supported to take part in a range of activities and social interests.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

The Shrubbery

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 July and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also made contact with the Local Authority and reviewed information they held on the service.

We spoke with eight people who used the service, four support workers, an administration staff member and the registered manager. We reviewed four people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe and secure within the service. One person told us, "I couldn't feel safer." Another person said, "It's very safe, I have no concerns at all." The staff we spoke with all told us they felt that both the care provided and the environment itself was safe for people.

Staff demonstrated a good understanding of the signs they would look for, and explained the action they would take, if they thought someone was at risk of abuse. One staff member said, "Firstly I would speak with the person and let them know that I will have to record what has been said in order to keep them safe. I would then speak to the manager and record everything. I would go to the Care Quality Commission if that was needed." Staff told us that the manager would act appropriately to address any issues they identified. We found that the service had policies and procedure in place to protect people from harm or abuse and the staff worked in line with these procedures. We also saw that staff had received training in safeguarding vulnerable adults.

People had risk management plans in place to promote and protect their safety. The people we spoke with were happy that their risk assessments accurately reflected the best way to support them through difficult or risky areas within their life. One person said, "I'm very happy with all the paperwork, it makes sense to me." We saw that there were detailed assessments in place to cover areas such as moving and handling, falls, skin care, use of hoists, and environmental risks within the service. These assessments were given scores to identify the level of risk present, and contained clear instruction for staff to follow when supporting people. All the assessments we viewed were checked and updated regularly as required.

There were enough staff on duty within the service. People we spoke with told us that there were enough staff on shift to support them as they required. One person said, "It's a very well staffed home, certainly a lot better than the previous place I lived." All the staff we spoke with told us that they were happy with staffing levels within the service. The registered manager told us that agency staff were used to cover any shifts that required covering, and that new staff were currently being recruited. On the day of inspection we saw that a sufficient number of staff were present to support people, and that the documented ratio of staff required to meet needs, matched the staffing on site. We saw rotas which confirmed that the staffing levels were consistent.

Staff were safely recruited into the service. All the staff we spoke with told us that they completed a Disclosure and Barring Service check (DBS) and gained two references during the recruitment process. All the staff we spoke with confirmed that this was accurate, and we saw records that all staff had received appropriate security checks. New staff underwent a probation period so that any concerns about practice could be discussed and acted upon. People were safeguarded against the risk of being cared for by unsuitable staff because staff were thoroughly checked before they commenced employment.

People were supported to take their medicines safely. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that all medications were stored in locked trolleys, within a locked room, with temperature control measures in place to make sure that

medicines were kept at their optimum level. People had clear guidelines in place which explained what their medications were, why they were taking them, and when they should be taken. They also contained information on all previous medications that people had taken, why they were taken, and when they were stopped. Training records showed us that staff had undertaken medication training and competency checks had taken place. We checked to see if the stock levels were accurate for five people's medicines, and found no errors. All the medication and systems around it were regularly audited to make sure accuracy was maintained.

Is the service effective?

Our findings

Appropriate training had been given to staff so that they could meet people's needs. One person told us, "The staff are fantastic at their job, they really are." All the people we spoke with made similarly positive comments. Our observations confirmed that staff used their knowledge to deliver care appropriately.

New staff received support and training to perform their roles and meet people's needs. The registered manager told us that all new staff begin with some mandatory training courses including safeguarding, manual handling and health and safety. This was followed by at least four shifts where the new staff member would shadow more experienced team members and get to know the needs of the people. All new staff were also undertaking the care certificate. All the staff we spoke with confirmed that this was the process they followed when starting work with the company, and we saw records within staff files that confirmed this also.

Staff told us they received support from the registered manager which included regular supervision and an annual appraisal. This enabled them to discuss their roles and any support or training they required to enhance their development. One staff member told us, "I have regular supervisions with my manager, It's a good opportunity to chat." Another staff member told us, "Whenever I need to speak to a manager, I can. We can all request for a conversation log to be completed at any time. This means we can record any discussions or concerns that we have outside of our regular supervisions." We saw records of staff supervision that showed discussions around people within the home, training, goals, and ideas and improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that DoLS had been applied for in line with the current regulations and in people's best interest. The service had policies and procedures in relation to the MCA and DoLS. Staff demonstrated a good understanding of how they worked in practice in line with the MCA and their responsibilities.

Consent was sought from people before providing any care. One person told us, "The staff absolutely always ask me first. There has never been anything different." All the staff we spoke with told us they would always check with people before carrying out any care tasks. One staff member said, "We always ask, and when someone does not have the capacity to give consent we look to other avenues such as family members instructions, DoLS, information about preferences within care plans, and seeking knowledge about the person from people that know them well." We saw that people had signed consent forms within their files

covering areas such as consent to care, consent to share information, consent for use of photography, and consent for bedroom doors to be left open at certain times of day.

People were supported to make choices about food and drink and maintain a healthy lifestyle. One person told us, "I love the food here. I couldn't decide on which dessert to have the other day, so I had both." A staff member told us, "The cook will always knock something up if what we have on offer is not to someone's taste." We saw that the days menu was displayed on tables for people to see. The service used a catering company that prepared meals off site. The meals were then heated on site and served. We saw that there was a wide range of options for people to choose from and that the meals were nutritionally balanced. The staff had good knowledge of the various specialist diets that people had including the need for blended foods and diabetic foods. People were able to choose where they wanted to sit whilst eating, and some people were supported to eat their food within their own room. We saw that people had weight, fluid and nutrition assessments within their files.

People were regularly attending medical appointments to ensure their needs were being met. One person told us, "The staff are excellent at making sure I get seen by the doctor when I need to. A doctor does come round, but I can have support to go out to appointments as well when I need to." Staff confirmed that they would support people to access health appointments as and when needed. We saw evidence within people's files that they had attended appointments, and that the service had requested input from relevant healthcare teams such as the falls prevention team and G.P.

Is the service caring?

Our findings

The staff had a caring approach towards the people using the service. One person told us, "The first time I walked in here I was greeted with smiles, it was like coming home." Another person said, "I have a laugh and a joke with staff. They are all so good here." Another person said "All the staff are great, the laundry girls are wonderful." All the staff we spoke with told us that they had developed caring relationships with people, and were proud of the positive atmosphere within the service that they had created. We saw that people were able to approach and communicate with staff with ease, and they were responded to in a friendly way.

The staff we spoke with, and the registered manager, were very knowledgeable about the people using the service, and were able to talk about people's likes, dislikes, history and backgrounds. We saw that this information was recorded within care plans so that all staff could get to know each person as an individual. The staff we spoke with all felt that the information in the care plans supported them to develop caring relationships with people.

People were involved and supported in planning and making decisions about their care. One person said, "I am always involved. I always feel in control, and I'd soon say if I didn't." Another person said, "Yes the staff speak to me about everything and keep me involved." We saw that staff would review people's care planning on a monthly basis and record any changes required. A more formal review where family members were invited along to contribute, was held every six months.

We observed during our inspection that people were supported to make decisions about day to day care, for example, what time they wanted to get out of bed, when they would like support with personal care, and what time they wanted support with eating.

People's privacy and dignity was respected. One person said, "I feel like I am very respected here. I don't have any concerns about lack of privacy at all. The staff are very good at making sure everyone feels like their room is their own private space." Another person told us, "I have the privacy I need, staff always knock on the door." All the staff we spoke with told us of the importance of respecting privacy and dignity. One staff member said, "It's extremely important. If someone has made a bit of a mess whilst eating, I will always make sure that I can offer them help discreetly." During our inspection we saw staff knock on doors and speak with people in a discreet manner whenever necessary. We saw that staff had received training in privacy and dignity.

People could have visitors whenever they wanted to. One person said, "Oh yes, my son comes in all the time, no problem. I think he feels welcomed by the staff." Everyone we spoke with told us that they could have visitors and no restrictions were in place. During our inspection, we saw several relatives of people come in and out of the home. They were able to spend time with people in their rooms and within communal areas. We saw that the staff interacted with people's relatives in a warm and welcoming manner.

There were systems in place to ensure that information about people was treated confidentially. People's files and personal information were kept in a secure location. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's

information confidential.

Is the service responsive?

Our findings

People had pre assessments before admission to the service, which meant that they received care that met their needs. The registered manager told us that she carried out pre assessments herself by going and visiting people, speaking with family members and conducting a questionnaire to find out the details of the care required. If the service was able to meet the needs of the person, they would then visit the service and make a decision on whether they would like to move in. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to admission being agreed.

The care plans we saw contained personalised information. This included a 'This is your life' section, which covered a person's history in detail and had information on family, past jobs and careers, favourite holidays and favourite memories. We saw that people had wellbeing and ill being assessments which monitored information on a person's psychological and emotional condition, levels of anxiety, grief, boredom, sense of humour, creativity, warmth and affection. This enabled staff to keep track of changes in a person's personality and behaviour, and support them according to their needs.

People received personalised care. During our inspection, we spoke with one person who showed us around their room. We saw that they were able to decorate their surroundings as they wished, and had brought an electric fireplace and mantle from their old home, and had installed within their room. This meant that they were able to feel as comfortable as possible and have a space that reflected their likes and preferences.

People were supported to follow interests and take part in activities. The service employed an activities coordinator who was able to host a variety of activities for people to join in with. One person said, "There is lots to do, we did a music quiz this morning which was great fun." People had individualised activity books where staff would record all the activities, likes and dislikes that a person had. This included photos of people taking part in activities and comments on what they enjoyed most.

We saw that there were several areas within the service, as well as the gardens, where people could spend quiet time without going to their own room. The service had one room which was dressed with retro wallpaper, cabinets, furnishings and appliances which was used as a communal space for people to enjoy the memories they had of past fashions and home wares.

People had the time they needed to communicate with staff. One person told us, "The staff really do take their time with me, they stop and chat all the time, it's so friendly." During our inspection we observed that staff were skilled at communicating with people and were able to take time to chat with people for as long as they required.

There was a complaints procedure in place and people knew how to use it. One person told us, "I have made a complaint before and the manager did get back to me. I was satisfied with the outcome." We saw that complaints and concerns were all recorded within a file and prompt responses had been made to people's satisfaction. We saw that information on making a complaint was displayed on a notice board

within the home. The manager also utilised a suggestion box which was regularly checked. People told us they were aware of the suggestion box and had used it.

Is the service well-led?

Our findings

People told us that they felt the service was run and managed well. One person told us, "The registered manager is excellent. From day one she has been very friendly and involved." Another person said, "The management here is very good." All the staff we spoke with told us that they felt supported within their roles and that the service was managed well. One staff member said, "I have a very supportive team leader and manager. It's good to know that I have people I can go to who will support me in my role." During our inspection we saw that the registered manager was regularly approached by staff as well as people that used the service, and that interactions were positive and supportive. The registered manager had an excellent knowledge of the people using the service, their history, preferences and needs.

We saw that staff responded to people's needs in a proactive and planned way and worked well as a team providing care in a structured and caring manner. All the staff we spoke with said that they felt the service had an open culture and that everyone worked well together as a team. They also said the training and support they received ensured they were fully aware of their roles and responsibilities. None of the staff had issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care in the future.

Staff told us they were aware of the provider's whistleblowing policy and we saw that information relating to the whistleblowing procedure was displayed on the wall for staff to view.

We saw that accidents and incidents were being recorded. The date, time and detail had been recorded along with the response that was taken. The registered manager told us that they reviewed all the accident and incident reports, took actions and made referrals when appropriate. We saw that concerns and issues were discussed at staff meetings and that learning from incidents took place. Records showed regular staff meetings were held for all staff and the minutes showed the manager openly discussed issues and concerns.

The service had carried out audits to make sure that the quality standard remained high and any issues were found and resolved. This meant that the service continued to review matters in order to improve the quality of service being provided.

The service had carried out quality questionnaires to gather opinion and feedback from people, family members, staff members and other professionals. We saw that the information from these questionnaires was analysed and used to identify areas for improvement. We saw that action had been taken whenever an issue or area for development had been identified.