

Burgess Care Limited







Burgess Care

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	

Overall summary

This inspection took place on 15 March and 18 March 2015 and was unannounced.

Burgess Care is a residential care service and provides accommodation, care and support for up to 20 adults who have a learning disability. People who use the service may also have behaviour that challenges, or autism spectrum conditions that require specialist care and support. At the time of our inspection there were 17

people living at the home. The home is in a rural setting and divided into four bungalows known as Treetops, Meadows, Acorns and Paddocks. These all care for people with differing needs.

A requirement of the service's registration is that they have a registered manager. 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 a legal responsibility for meeting the

Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a registered manager was working at the home.

At our last full inspection in August 2013 the home was found to need improvement in the area of records. Some daily records had not been completed and we could not see that people or their representatives had been involved in care arrangements. This was reviewed in March 2014 and improvements had been made. The provider had involved people and relatives in planning care and records were kept up to date.

We visited the service over two days, as concerns had been raised about staffing levels at the weekend. The first visit was carried out on a Sunday and we found staffing levels were sufficient to meet people's needs at this time.

People told us they felt well cared for and safe living at Burgess Care and staff knew how to keep people safe from the risk of abuse. Staff were confident in their knowledge and responsibilities in safeguarding people.

Staff received training in areas considered essential to meet people's health and social care needs safely and consistently. Staff were encouraged to complete further training to develop their skills in working with people so they could do this effectively.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care and treatment people required. These were updated regularly and people and their relatives had been involved in reviews.

People told us staff were respectful and kind towards them and we saw staff were caring to people during our

visit. Staff protected people's privacy and dignity when they provided care and asked people for their consent before care was given. We saw one example where privacy and dignity could be improved.

Staff understood they needed to respect people's choices and decisions. Assessments had been made and reviewed to determine people's capacity to make specific decisions. Where people did not have capacity, decisions were taken in 'their best interests' and these were recorded.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection 17 applications, for everyone at the service, had been made under DoLS for people's freedoms and liberties to be restricted.

People were given options about how they wanted to spend their day and were able to retain some independence in their lives. Family and friends were able to visit when they wished and staff encouraged them to maintain a role in providing care to their family members. People often stayed with relatives at weekends.

People told us they were supported to be involved in pursuing their own hobbies and interests. Activities were available for people living at the home and staff made use of mini buses to take people on trips regularly. Keyworkers were responsible for providing activities for people and they knew people well.

Everyone we spoke with was positive about the manager and the running of the home. There were good systems to monitor and improve the quality of service people received. People knew how to complain if they wished to and information was available in an accessible format for people that lived there. Complaints were documented and actioned quickly and effectively.

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 and staff understood their responsibilities to report any suspected abuse. People's needs had been assessed and where risks had been identified, risk assessments were up to date and actioned. Systems were in place to keep people safe and staff worked together to support people to manage associated risks. People received their medicines when prescribed from staff who were suitably trained and competent to administer them.

Good



Is the service effective?

The service was effective.

People and their relatives were involved in care planning decisions and people received the support they required from staff. Where people did not have capacity to make certain decisions, the provider worked in line with the Mental Capacity Act and was meeting the requirements of the Deprivation of Liberties Safeguards. People were offered a choice of meals and drinks that met their dietary needs and systems made sure people received timely support from appropriate health care professionals when required.

Good



Is the service caring?

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Family member's told us staff were patient and attentive to their relative's needs. Staff had a good understanding working with the client group, as well as people's preferences and how they wanted to spend their time. We saw many examples of staff treating people with dignity and respect however there was one area identified which could be improved.

Good



Is the service responsive?

The service was responsive.

People's care records were reviewed regularly and reflected the person's history and preferences. Staff were responsive to people's needs and encouraged them to get involved in activities they enjoyed. There were no restrictions on visitors to the service and family relationships were encouraged and maintained.

Good



Is the service well-led?

The service was well led.

People, staff and relatives were positive about the management at Burgess Care. The registered manager was relatively new in post, having been promoted internally from managing one of the bungalows there. Staff told us managers were approachable and issues they raised were addressed. Good systems were in place to ensure the home was safe and the care provided was effective. The registered manager had plans to develop the service further and was enthusiastic to make the home better for people that lived there.

Good



Burgess Care

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 15 March and 18 March 2015 and was unannounced.

The inspection team consisted of 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.

We reviewed the information which was held about the service. We looked at information received from relatives and visitors and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be changes which relate to the

service and can include safeguarding referrals, notifications of deaths and serious injuries. We spoke with the local authority contracts team who confirmed they had no further information about the service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. This was received prior to our visit and reflected the service we saw.

Most of the people living at the home were unable to share their experiences of the care and support provided. We spent time observing care in the four bungalows and their communal areas. We observed the way staff worked and how people at the service were supported.

We spoke with seven people who lived at the home, three relatives over the telephone, the registered manager and eight staff. We looked at three care records and records of the checks the registered manager made to assure themselves that the service was good. Staff at the service were known as 'supporters' and people known as 'people we support' and we have referred to them in this way in our report for this reason.

Is the service safe?

Our findings

Relatives of people living at Burgess care, told us their family members were well cared for and safe, one person told us, “Yes, [person] is very safe there; staff are always looking out for them. They’re always there for [person], they’re never alone”. This same person told us they felt there were enough staff at Burgess Care.

We looked at whether staffing levels were sufficient to meet people’s needs. Prior to this inspection we received some concerns that staffing levels did not always meet people’s needs at the weekends. We visited on a Sunday and found there were sufficient staff working to meet the needs of people at the service. We spoke with relatives and supporters to get their views and everyone we spoke with said they felt staffing levels were sufficient. One supporter told us, “Yes there are enough staff”.

The service had four supporter vacancies, however a good supply of bank staff were available, some of whom had worked at the service before and knew people well. A supporter told us, “Yes there is enough staff and it’s a long process to employ new staff”. The registered manager told us they were recruiting staff currently and they felt staff values were important to consider when doing this. For example, they would ask people the qualities they would bring to the post to make sure they were suitable. They told us, “If they have got the right attitude, this is what matters”. Checks were carried out prior to people starting at the service to ensure their suitability. We saw there were sufficient staff to meet people’s needs and steps were being taken to recruit staff who would be right to work in the service.

We asked a supporter about protecting people from abuse. They told us they had received training around safeguarding and were aware of their roles and responsibilities in protecting people. One supporter told us, “Abuse is anything that puts people at risk or might put them at risk, including bullying and teasing”. Supporters we spoke with told us they would report abuse to their team leader, then if needed the manager or area manager. Training records confirmed supporters had received relevant training to support people safely. From the information we looked at prior to the visit, the provider had reported safeguarding concerns to the local authority and us appropriately.

Due to the nature of the conditions of people living at the service, sometimes people reported that other people living there had hurt them. Supporters used a ‘talk time’ technique which enabled people to speak up in a supported way. This assisted supporters in finding out if there had been any incident or concern. Supporters were skilled in helping people talk about any issues they had, so these could be addressed and people remained safe.

Risk assessments were completed to identify and manage risks. One supporter told us they were vigilant to any changes in behaviour as people they supported could be unpredictable. They told us, “Supporting people living here can be a challenge as they change, it’s the not knowing”. Risk assessments were reviewed following any changes or annually. Staff told us one person ate non consumable items so the environment had been made safe with items locked away to prevent this from happening. Their care plan included a risk assessment around managing this. Another person had become upset when travelling in the car so they now travelled in the back of the mini bus with a supporter. Staff managed and minimised risks to people to keep them safe.

Systems made sure people received their medicines safely from staff who were suitably trained. Training was carried out via a national pharmacy, then in-house training was completed and competency checks were carried out by managers. People told us supporters helped them to take their medicines when required. One person told us staff were proactive and were now encouraging their relative to manage their own medicine under close supervision and they were, “Very happy with that”.

Medicine administration records (MAR) confirmed each medicine had been administered and signed for at the appropriate time. We saw pictures of people on each record so supporters could cross check medicine was given to the correct person. Supporters told us if a person refused medicine they would continue to try for one hour then discuss with the manager and contact the GP for further advice.

PRN medicines (as required) had protocols in place and several people received this. The care plan detailed how this was given and when. The manager’s agreement was sought before this to make sure this was appropriately managed. We saw one person could verbally tell staff when they required this but another person showed this by becoming withdrawn. If medicine was given, staff

Is the service safe?

completed an observation to document the impact this had to aid their understanding. Medicines were managed safely and good systems were in place around its administration.

We looked at emergency procedures. Supporters we spoke with knew what to do in an emergency and the evacuation procedures. A person who had additional needs around mobility had been identified as requiring further support in this situation. There were contingency plans if people could not return to the service.

Supporters used a 'walkie talkie' system to communicate with each other in the bungalows. This made sure supporters could keep people at the service safe and access further assistance if required from each other.

Records showed incidents and accidents had been recorded. The registered manager told us they analysed these for any emerging patterns or trends to prevent further reoccurrence if possible. Checks of equipment and maintenance checks were current and documented, such as water temperature checks. A maintenance person was employed to keep the buildings safe and equipment checked regularly. We saw procedures were thorough and ensured the environment remained safe for people at the service.

Is the service effective?

Our findings

People told us they received care and support from staff who had the skills to care for them well. One relative told us “Burgess Care is very good and positive in all aspects, we are very pleased indeed”. A supporter told us about working at the service and said, “I enjoy every hour”.

One supporter we spoke with told us they received an induction when they started work at the home and they shadowed another supporter before working on their own. A tiered management structure was in place where staff were supported by their immediate line manager. A team meeting was held monthly in each bungalow and people were supported with one to one meetings. Staff were supported by management through several channels to make sure they could complete their jobs effectively.

We asked one person if they felt that staff had enough training and skills to manage their relative’s needs and they said: “From what I have observed, they are fine with [person]; they know [person] and their needs very well.” Supporters confirmed they had received training considered essential to meet people’s health and social care needs. One supporter told us, “they did a lot of training”. For all supporters, a managing challenging behaviour course called NAPPI (non -abusive psychological and physical intervention) was completed on induction. The manager told us restraint was only used as a ‘last resort’, for example in cases of a dangerous level of behaviour. Dignity would always be considered in this situation and only people directly involved would be allowed to be present. On days out, sometimes supporters would have to manage difficult behaviours and on these occasions strict procedures were followed to diffuse situations and distract people.

Staff were supported by the provider to do additional training if they wished and one person told us they had completed an NVQ course. Supporters were encouraged to attend relevant conferences and be a part of the ‘autistic community’ to keep up to date with developments in working with people. One supporter told us they recently had a person with autism come to talk to them about what it felt like for them, they had found it useful as they were able to relate this to other people at the service.

An ‘ABC’ form was completed by supporters documenting unusual behaviour. This was ‘Antecedent Behaviour

Consequence’ and enabled patterns to be recorded around people’s behaviour. The manager reported these to the head office so they could check any trends or patterns and how to manage these. Each week managers attended a ‘behaviour’ meeting with other professionals and this enabled any new issues with people to be discussed and for any suggestions to be made to improve the care provided. Staff worked together and used support to make sure practices were effective.

As some people using the service had different ways of communicating, we asked a supporter about how they knew how people preferred to communicate and what channels they used to do this and meet differing needs. One supporter told us someone used Makaton and another person used a pictorial symbols folder. Some staff had been trained in the use of Makaton and we saw them using this with one person.

We observed a ‘handover’ meeting with supporters changing shift and saw they understood the people living there well. They talked about people with warmth and compassion and demonstrated a clear knowledge of their individual needs and challenges. They understood the subtle changes in people’s eating and mood, what this may mean and how they could manage this at the same time considering other people in the home. They discussed ways of coping with challenging situations so that people were considered at the heart of the decisions. For example, a move was planned for one person to a different home. Supporters were going to move with this person initially to offer continuity of care and once they were settled planned to work with the new home to support their ongoing needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Supporters responsible for assessing people’s capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager was aware of the current DoLS legislation and informed us there were 17 DoLS applications submitted currently and awaiting assessment. The manager told us

Is the service effective?

supporters had undergone training around Mental Capacity Act and Deprivation of Liberties (DoLS). A supporter told us that doors were not locked at the service but they kept a close eye on people they supported.

Care records included completed mental capacity assessments. These gave details which were decision specific and in line with Mental Capacity Act legislation. We saw decisions were made in a person's best interests where they had been assessed as 'lacking capacity'.

We saw people were involved in choices about what they ate and supporters worked to meet their preferences and needs. People told us they enjoyed the food and were offered a variety of drinks during our visit. We saw menus in each bungalow and a supporter told us they met each week to decide with people what they would like to eat. Supporters and people went shopping together so people could choose their favourite meal. One person liked Weetabix currently and we saw they had this choice. Supporters told us if people did not want any choices from the menu, alternatives would be provided. One person did not eat beef for cultural reasons and we saw this documented on records and in the kitchen so staff were clearly aware of this, as this person could not tell staff. Another person was diabetic and a supporter told us, "We encourage fresh foods with [person's] own choice and advise [person] on quantities".

People told us they saw health professionals when required and people had 'health action plans' and input into these. A supporter told us they were able to spot subtle changes in mood and how people behaved. They gave an example of someone, "We noticed something was wrong, we called the GP and then took [person] for blood tests". One relative told us staff accessed healthcare support when their family member needed this and "There has never been a problem with this". Another person told us they felt, "Looked after" by the supporters.

One person had accessed support from a sensory specialist and records showed healthcare professionals were contacted when people required specialist support or advice. For example, people were seen by the dietician, occupational therapists, district nurses and the GP. One person had been advised to lose some weight, so supporters monitored the food they purchased and encouraged exercise. They told us "We are proactive; you can't force [person] so we go window shopping which [person] enjoys". Supporters were knowledgeable about people's health care needs and accessed professional help when this was required.

Is the service caring?

Our findings

People were very complimentary about the supporters at Burgess Care, we spoke with one relative who told us, “Oh, yes. When they bring [person] they are always very nice” and “[Person] would let us know if they didn’t treat them well. They always respect [person] and keep us informed”. A supporter told us they, “Loved the work and the people.”

We saw one person become upset waiting for their favourite supporter to come on shift. Supporters were seen to calmly reassure this person. We saw staff supported them as they were feeling unwell and offered them drinks and snacks. A relative told us, “Staff are so caring and thoughtful to all their students. But it goes a bit past that. They’re very caring and just think ahead.”

Relatives told us the supporters respected people’s independence and helped them to maintain relationships with others. One person had a bungalow which had been adapted for them to enable them to live independently but with support. A relative told us, staff took one person home on Mother’s day as a surprise and when they opened the door they were delighted to see them with a bunch of daffodils. They said, “This took my breath away, what a wonderful thought, this was above and beyond”.

People at the home were able to make their own day to day decisions such as when to get up, shower or when to eat. Supporters tried to make the environment homely and people were encouraged to be independent with their wishes respected. People’s involvement was valued by supporters and we saw there had been some decorating done that people had been involved with. People had a say in how they wished to live at Burgess Care.

People we spoke with said supporters respected their privacy and dignity when care was provided. A supporter told us they would close doors when helping someone with care or for example, if someone had incontinence and their bed required changing, they would do this discreetly. Another supporter told us “It’s about not discussing personal issues (with someone) in front of anyone else, it’s finding somewhere quiet to go”. We saw when staff used the walkie talkie system this was used giving people’s initials only, so as to afford some privacy to them.

We saw supporters used a monitor with a visual display to assist in caring for one person. We saw this was documented on records as a ‘baby’ monitor. We highlighted this description may not be acceptable when describing the care of an adult. This person had an unpredictable medical condition which could require urgent assistance at any time. This monitor was used to make sure they remained safe; however this was used to watch the person at all times. We saw on some occasions this was not appropriate as it did not give the person an opportunity for any privacy. In this instance, dignity and privacy was not being provided. The manager agreed this system would be reviewed so the person could continue to be supported safely but their privacy would also be maintained at times when this was required.

The registered manager told us one person they supported had passed away. This affected some of the supporters and they had been offered training around end of life support and then bereavement counselling. Another person had been affected by a serious illness and because their family lived a distance away an advocate had been arranged to support them with decision making. The managers offered additional support to help people and supporters cope with difficult situations when this was required.

Is the service responsive?

Our findings

People we spoke with told us they were pleased with the quality of care they received. One person told us they liked living at Burgess Care. They said 'I like everything about it'.

In view of the complexities of providing the most appropriate care to people, their needs were assessed before moving to the home. The managers visited the person and observed them in their current home to consider their compatibility with other people there. People then came to visit Burgess Care if this was appropriate. A large comprehensive document called a 'Triad Assessment' was completed for everyone at the home and this detailed people's physical, emotional and social needs. This was written in the first person and detailed what people said they wanted. Relatives told us they were involved in the care planning decisions and felt able to discuss any care and support needs. A keyworker system gave people and their relatives a named contact who knew them well and gave continuity of care.

One person had been unable to visit the service themselves as this would have been too difficult for them, so several supporters went to see them and spent the day with them to familiarise them with staff.

Burgess Care is set in a rural area of Warwickshire. The service used several vehicles including two mini buses so people could go out and the staff could be responsive to people's wishes. People told us they enjoyed going out and one person said, "They let me choose, bingo, pub, shopping, we get together and have a chat." People enjoyed activities like swimming and a family day had been successfully held last year.

People were able to go on holiday and some people enjoyed courses held at Warwick school such as aromatherapy. There was a 'wider horizon' group people had accessed for people with a learning disability and subjects such as pottery were available. Two people went to church each week. We saw a range of individual and community based activities and interests were available to people and supporters helped them access these.

One family member told us their relative went for walks and shopping and staff were "Quite sensible, one of them goes into a shop first to identify any difficulties. They always have a back up plan". They told us the person can

be 'very quick' to react but staff are equally responsive and distract them 'without causing a scene'. They told us "[Person] has a very strong relationship with staff, especially team leaders".

Supporters knew people's likes and dislikes and how they wanted to spend their time. Some people were given tokens during the week as a reward to support positive behaviour. They could use these to do something they liked at the end of the week. One person liked to attend events such as wrestling or car days and used tokens for these. This system helped manage people's behaviour positively. One supporter told us, "It's not one size that fits all with autism," acknowledging people had different needs.

A room had been converted into an art and crafts room following the closure of some local services. A prize had been given for some art work recently and this was a voucher for a meal out. Another person particularly liked charity wrist bands, so their prize had been ten of these. We saw one person's choice was to 'have a cup of tea with friend' one afternoon. There was a sensory room at the service with lights and easy chairs which people could use to relax if they wished to. The home had a large garden where people could grow vegetables and spend time outside in the summer.

During the visit an inspector and the expert by experience were photographed by a supporter so they would be accepted going into a bungalow by one person they supported. This person needed to be aware of people as they came and left and a photograph was displayed of everyone while in the bungalow to reassure this person. We saw the supporters were responsive to this person's individual needs. Another person liked going for a walk at the end of the day. Supporters noticed as this time approached the person became anxious and realised that this was due to them waiting for the walk. The person could not tell the time however supporters put up a picture of a clock with the time they went for a walk on it. This was next to the real clock so the person could see whether it was time to go or not. This helped to relieve some of their anxieties. Staff worked to make sure people's individual needs were supported and were creative in their approach to achieve this.

There were no restrictions on visiting times at the service; people could visit at times to suit them. One family member told us they were involved in planning and reviews about their relative's care. They told us staff were very

Is the service responsive?

supportive of them and the person that lived there and “There is no agenda. If there is an agenda it is led by [person].” They explained that in other services previously the person had to fit into the homes’ ‘agenda’ but not at this service.

Supporters were responsive and adapted to people’s changing needs. For example, one person had required

oxygen in the past so supporters had training to manage this. Another person had recently been diagnosed with dementia and supporters had accessed a ramp for them to improve the environment as this was affecting their mobility.

Is the service well-led?

Our findings

The registered manager had recently been appointed to the post, having previously worked at the service as a manager of one of the bungalows. This meant they were aware of the needs of the people that lived there, the challenges of the service and the strengths. The registered manager told us she was enthusiastic about making improvements and positive changes for people. People and relatives we spoke with were complimentary about the service provided. A relative told us they were, “Absolutely thrilled with everything”. Another relative told us, “Things are much better under the new management”.

Each bungalow had team leaders and a manager leading it. They reported to the registered manager. A supporter told us if they had any concerns, “Managers will listen to us”. Another supporter told us they were “Quite happy with the manager, any concerns raised, we are supported”. One supporter told us they used supervision to discuss any issues with their manager but were able to raise any issues in between because the managers were, “Really approachable”.

The registered manager told us they observed supporters informally when walking around the home and addressed any issues as they arose. Staff meetings were held monthly giving supporters an opportunity to speak with the manager about anything. Meeting minutes showed supporters were given the opportunity to discuss any issues they had.

An employee of the month system was in place and a person who won this was given vouchers. This was an incentive for supporters and one told us they had been nominated in the past and this made them feel valued.

The registered manager explained how they assured themselves about the service they provided and carried out various quality checks and audits of the service. Burgess Care is part of a group of homes and the registered manager told us they received support from the wider group if required. Peer audits took place with other managers involved in the group, so they could review each other's services and recommend any changes or improvements. Some of the checks undertaken included the safety of the environment, equipment and health and safety. Care plans were reviewed and checked by the

registered manager and were being revised to incorporate privacy and dignity in care. We saw the checks and systems the registered manager completed were up to date and comprehensive.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager following their appointment.

We saw posters and leaflets were available explaining to people about how they could complain. One family member told us they had raised something with management in the past and the response had ‘disappointed’ them. This person did not wish to elaborate, but explained that this was some time ago and things were “much better” under new management. The people and family members spoken with told us they had no complaints about the service they received. Complaints were recorded and responded to quickly. We saw these were being handled effectively and the manager was proactive in responding to any concerns raised.

We saw a sheet with sad and happy faces displayed that people could complete and send to us if they wished to tell us about the service. People and relatives had been asked to share their views on how the service could be improved and questionnaires were given out annually. We saw these questionnaires had been completed and comments were positive. A suggestion box was in place for people to feedback any issues they had. No formal relatives meetings were held but the registered manager told us people generally raised issues as they came up. Meetings were held for people at the service to feedback any of their concerns and we saw these had taken place and comments had been made including one about decoration which had been actioned following this.

We saw a whistleblowing policy was displayed and prior to our visit there had been some concerns raised with us about staffing levels and the care of people at the service. The manager was aware of these concerns and had spoken with staff to encourage them to discuss anything directly with them. We saw the manager had arranged meetings for staff to give them opportunities to do this and was proactively trying to address any issues staff had.

Is the service well-led?

We asked the registered manager about challenges and achievements. They told us staff retention could be 'a challenge', however many staff left to pursue further career

opportunities. An achievement had been supporting staff when a person had passed away and also the family day the previous year had been very successful for the supporters and people at the home.