

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Burgess Care is a residential care home that provides care for 20 people who have a primary diagnosis of a learning disability or autism spectrum conditions, that require specialist care and support. There were 20 people living at the service at the time of our visit. This service was in a rural location and accommodation was provided across four houses. The service can also provide care for people in their own homes.

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

Managers and staff worked in partnership with people, their relatives and health professionals to ensure people received safe care. Staff were confident to identify any safeguarding concerns and knew how to report them.

There were enough staff to provide the level of support people needed, however there was a reliance on agency staff to cover shifts. The provider recognised a consistent staff team was an integral aspect of managing physical and emotional risks and was actively recruiting to the permanent staff team.

Holistic assessments of needs were developed into person-centred care plans with guidance for staff to follow. Relatives told us staff were responsive when events occurred that had potential to impact on people's emotional well-being.

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.

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 people's medicines were reviewed by prescribers in line with these principles.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions Safe, Responsive and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and independence. Staff knowledge, observations and understanding of people as individuals encouraged a continuous review of what worked well for them. Staff understood people's individual communication needs and used a variety of methods to communicate with people to enable them to express their views.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. Where people needed physical intervention by staff to support them at times of anxiety or distress, staff reflected afterwards to identify where changes could be made to develop more effective strategies and to understand the meaning of the behaviour. This promoted people's dignity and respected their human rights.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Relatives consistently praised staff for being kind, caring, intuitive, proactive, and professional and praised the management team for the running of the service. Staff spoke positively about the training and support they were given to meet their responsibilities and the working culture within the service.

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 10 July 2019) and there were 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

We received concerns in relation to staffing and the culture within the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We also checked they had followed their action plan following the last inspection and to confirm they now met legal requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burgess Care on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Burgess Care

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

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 three inspectors and an Expert by Experience who contacted relatives by telephone. 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

Burgess Care is a care home. People in care homes receive accommodation and nursing or personal care. 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. Registered managers 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

Our inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concerns. We sought feedback from the local authority, commissioners who work with the service, Healthwatch and an independent advocacy service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We carried out observations to assess people's experiences of the care provided. We spoke with the registered manager, the area manager, two house managers, six care staff and the office manager. We spoke with one person to gather their experiences of the care provided.

We reviewed five people's care records and risk assessments. We looked at three people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records and safeguarding records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The Expert by Experience contacted eight relatives by telephone to gather their feedback about the support their family members received at Burgess Care.

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff sought advice from other healthcare professionals to support them in managing risks. Advice from other healthcare professionals was recorded and used to inform plans to maintain people's safety both inside and outside the home.
- The provider ensured staff had the competence, skills or experience to provide safe care. Only staff who had been trained in line with the provider's policies and procedures were allowed to implement physical restraint and behaviour management.
- Staff understood that physical restraint should only be used as a last resort. They spoke positively and were proud of the reduction in physical restraint. One staff member explained, "We're trying as much as possible to use less restraint. I'm not saying we never will, but we will want to avoid it as much as we can."
- Where staff had physically restrained people, they reflected afterwards to support their learning, identify where changes could be made to develop more effective strategies and to understand the meaning of the behaviour. One staff member told us, "For all incidents we use ABC charts and incident forms, and post incident forms. We reflect on what we could have done differently, whether we need any further special training or require any other equipment." An ABC behaviour chart is an observation tool that helps to understand the causes of behaviour which may present as challenging.
- Where there was a permanent change or deterioration in a person's health, the registered manager advocated on their behalf for more hours of support to manage any emerging risks.
- The provider had procedures to ensure the safety of equipment and the environment was regularly checked.
- Emergency plans ensured people were supported in the event of a fire.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- The provider 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 people's medicines were reviewed by prescribers in line with these principles. Regular medicine reviews were focussed on ensuring people were not over medicated.
- Relatives felt assured because staff worked in accordance with the principles of STOMP. Comments included: "We are happy with how they have dealt with her meds. When [Name] arrived, she was on a lot of medication, but they have gradually got her off a lot or reduced doses. They try to get her on as little medication as possible and she is much calmer now on less meds" and, "They are very keen to get [Name] on the lowest dose possible."
- Where people needed medicines on an 'as required' (PRN) basis there were detailed protocols for staff to follow, which detailed the circumstances when these medicines may be considered. For example, one person's care records detailed techniques to reduce the person's anxiety and was clear at which point staff would need to consider giving PRN medication.
- Medicines were stored safely and securely. The registered manager had made changes to how people's individual medicines were stored following some staff medicine errors. They explained to us that people had their own separate locked medicines cabinet and this had seen a reduction in medicine errors.
- Medicine records were clear and accurately completed. The registered manager made regular checks on people's medicines and medicine records, they told us this was to ensure that any errors were identified and rectified quickly.

Staffing and recruitment

- People who needed one or two staff to support them at all times, received this level of support. One staff member said, "There is always the level of staff needed for that person."
- However, staff vacancies meant a significant number of shifts had to be covered by agency staff. The registered manager told us agency staff were given full time hours, so people had consistency in the staff providing their care.
- Relatives told us staffing levels were maintained. They told us some staff had worked at Burgess Care for a long time which gave continuity and security for people as staff knew them well and understood their individual needs. Comments included: "[Name] has a routine set of faces so that keeps the continuity. Key members of staff support her and there is always backup on site", "They always seem well staffed when we go in, the team is fairly consistent" and, "They do have staff changes but are not continually changing so you see the same faces. I am happy with the staffing."
- The provider had an on-going recruitment drive as they recognised continuity of care and a consistent staff team were an integral aspect of managing risks associated with people's emotional and mental wellbeing. Improvement in this area was work in progress.
- The provider's recruitment process included checking potential staff's suitability to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff knew how to identify abuse and were aware of how to report it. One staff member said, "I would report any concerns to my manager. Say if I saw a staff member talking in a rude way to the person they support, I'd report to my manager or on call. If I saw that no action had happened, then we can whistle-blow."

Learning lessons when things go wrong

- Accidents, incidents or unexplained injuries were recorded by staff.

- The registered manager reviewed accident or incident reports to ensure immediate and appropriate action had been taken to support the person and keep them safe.
- A monthly analysis of accidents and incidents identified any emerging patterns or trends within the service.
- Learning was shared with staff to improve knowledge and prevent the likelihood of something going wrong in the future.

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 meeting shielding and social distancing rules.
- There had been no new admissions into the service since the start of the COVID-19 pandemic. However, we were assured any new admissions to the service would be managed safely and in accordance with current government guidance.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The provider followed government guidance to facilitate visits between people and their friends and family.

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

- Holistic assessments of needs were carried out and developed into person-centred care plans with guidance for staff to follow. Staff knowledge, observations and understanding of people as individuals encouraged a continuous review of what worked well for them.
- One person's responses to some situations could impact on the well-being of others. Based on staff observations of when the person appeared more calm and content, a room previously used as a staff office had been converted into the person's own lounge. This had led to positive outcomes for the person and the people they lived with. This person's relative commented, "The genius move of giving [Name] his own safe space, has had a huge positive impact on everyone."
- Care plans were developed in partnership with people and their relatives. One relative told us, "We are fully involved as far as care plans and reviews are concerned. [Staff member] sent us all his care plans and forward planning for us to read and sign and we returned it today." Another relative commented, "Staff listen to you and take on board what we say, they are proactive and resourceful."
- Relatives told us staff were understanding and responsive when events occurred which could impact on people's emotional well-being. One relative told us, "[Name] was called for a mammogram which was impossible for her to attend. I suggested they arrange for a doctor to come and give her a physical examination and they facilitated this." Another told us, "I cannot praise them enough, they gave us all the support we needed when [Name] was ill in hospital. A member of staff stayed with her 24/7 from February to June and they helped with her care."

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.

- People at the service had a variety of communication needs which staff were aware of, and they used communication 'tools' to assist with these. For example, staff used adapted Makaton to communicate with one person and a picture exchange communication system to communicate with another.
- Communication plans gave a detailed breakdown of how best to communicate with people. These included information on tone of voice, body language and known factors which may cause more difficulty for people's understanding.
- Relatives told us staff understood people's individual communication needs. One relative told us, "Communication wise they have tried various methods, Makaton etc, but staff are very tuned in to him and understand his ways of communicating." Another said, "It is important staff are consistent, so they learn to

pick up on his small gestures and nuances. Staff are very good at this."

- Alternative formats for documentation were offered to people such as easy read, pictorial and large print documents.

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

- Assessments included information about people's preferred routines and what made them happy. This helped develop positive support plans which focused on people's strengths, hobbies, interests and contributions.
- The registered manager acknowledged that the COVID-19 pandemic had significantly restricted people's movement outside the home which had limited their opportunities for meaningful experiences.
- Plans were in place to help people return to routines and lifestyles they had enjoyed before the pandemic, but it was recognised that some people needed time to adjust. Staff understood those needs and worked with people in a positive way, ensuring additional staff were available so people could visit places they enjoyed and return to normality.

Improving care quality in response to complaints or concerns

- Staff knew people well and monitored their responses and behaviours so they could identify when people were not happy or did not like something.
- The provider had a complaints process, and concerns raised had been fully investigated and responded to.
- The complaints process was available to people in an accessible format.
- None of the relatives we spoke with had made a formal complaint in the last two to three years. Everyone said they felt comfortable about raising issues if they were worried.

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 Requires Improvement. At this inspection the rating has changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management systems and quality assurance processes were in place to assist the registered manager in maintaining the safety and overall quality of service provision.
- Relatives spoke positively about the standards of care and the management team. Comments included: "I am very happy with the service", "[Registered manager] is absolutely superb, very fair but firm" and, "The management of the house is really good."
- Staff received training relevant to their role and experience to equip them with the necessary skills to support people effectively and safely. Staff gave positive feedback about their training and support to meet their responsibilities.
- Specialist training on physical restraint was provided and staff had good knowledge of how to apply their training in practice. One staff member said, "The people we support can change at any time, one minute they can be smiling, the next minute they might not be, but with our training we learn how to re-direct and calm them down."
- Agency staff were given time to shadow experienced care staff as part of their induction. An agency staff member said, "The training you get here is about the service users you are supporting, what they're like and how to support them. We read their care plan, then physically work with that person. Only when you're comfortable are you signed off as 'ok' to work with that person."
- Relatives were confident people had positive outcomes because staff had received appropriate training to meet people's needs. One relative told us, "They (staff) are excellent given what they have to deal with. There is a good continuity of staff training." Another relative commented, "The biggest thing is the in-house training of staff. This allows them to provide a good service which is delivered with integrity."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Prior to our inspection visit, we had received some concerns that there was not an open and transparent culture within the service. However, we found no evidence to support these concerns during our inspection visit.
- Staff acknowledged the service had been through a challenging time during the pandemic and with the high use of agency staff. However, they gave positive feedback about Burgess Care, the support they were given and the working culture. One staff member said, "We work well as a team, we talk to one another, so whenever there could be some issues, we make sure we respect each other, treat each other humanely."

Another staff member said, "We want to succeed as a team, and be the best for the people who live here. That is my goal."

- All the staff we spoke with told us they were confident in raising any concerns and would not hesitate to do so, knowing they would be listened to. One staff member told us, "If I go to [registered manager] with a concern, then she will do something about it." Another said, "If I had any concerns I would talk to my manager, I feel listened to and valued."
- The provider encouraged people to be involved in the development of the service. For example, records demonstrated people had been asked if they wanted to be involved in interviewing potential new staff members, and what kind of staff member they thought would be right to support them.

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that have happened in the service. The provider had informed the CQC of significant events including incidents and events impacting on the service. However, there were two occasions when the registered manager had raised safeguarding concerns with the local authority. The local authority had recorded these as managed incidents and not opened safeguarding investigations. However, we reminded the registered manager of their responsibility to notify us of all safeguarding referrals.
- Relatives told us they had been informed of changes to people's healthcare needs. One relative said, "They send updates on what she [Name] has been doing and her general health, medical appointments etc."

Working in partnership with others

- The registered manager and staff team worked in partnership with people's relatives and representatives and health professionals to ensure people were supported appropriately and achieved positive outcomes.