

GCH (Burrows House) Limited

Burrows House

Inspection report

12 Derwent Road
Penge
London
SE20 8SW

Tel: 02087782625
Website: www.goldcarehomes.com






Date of inspection visit:
02 March 2016
03 March 2016

Date of publication:
11 May 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 and 3 March 2016 and was unannounced. At the last inspection of the service we found the provider was meeting the regulations we looked at.

Burrows House is registered to provide accommodation and care for up to 54 elderly people including people living with dementia. At the time of our inspection there were 50 people living at the home.

There was a registered manager in place. 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.

We found that medicines were not always administered safely and effectively. Arrangements for the administration of covert medicines were not always followed in line with the provider's policy. You can see what action we told the provider to take at the back of the full version of the report.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported.

There were enough staff on duty to meet people's needs and the provider conducted appropriate recruitment checks before staff started work. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Staff received appropriate training and supervision. They asked people for their consent before they provided care, and demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of people's needs and how these should be met. People and relatives said staff looked after people in a way which was kind, caring and respectful. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much control and independence about their lives as possible, when carrying out activities and tasks.

People's weight was not always monitored, food and fluid charts were not put in place and people were not referred to appropriate healthcare professionals such as the GP.

People were appropriately supported by staff to make decisions about their care and support needs. Care plans had been developed which reflected people's needs and their individual choices and preferences for how they received care. People's care and support needs were reviewed regularly.

People were supported to undertake activities of their choosing. The provider had developed good links with organisations in the community to increase the range of activities people could participate in.

Relatives and people knew how to complain if they wished and were given the opportunity to voice their views

People and relatives said the service was well managed. People and relatives were satisfied with the way the provider dealt with their concerns or issues and said senior staff were approachable and willing to listen.

The provider sought people's views about how the care and support people received could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Medicines were not administered safely and effectively. Staff had not fully followed the provider's policy on covert medicines administration and a medicines error had been made.

People felt safe and staff knew how to recognise and report abuse.

Assessments of risk were undertaken and care plans were in place to manage these risks. However risks to people around nutrition and hydration were not always reviewed.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs.

Requires Improvement ●

Is the service effective?

Good ●

Staff received training and supervision to help them provide effective care.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People received food and drink suitable to their needs. Staff did not always monitor people's nutrition as required.

People had access to a range of healthcare professionals in order that they maintain good health.

Is the service caring?

Good ●

People were treated with respect and their dignity was protected.

Staff delivered care and support with kindness and consideration.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

People's support and care needs were identified and documented within their care plans.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and were given information on how to make a complaint.

Is the service well-led?

Requires Improvement ●

The systems in place to audit and check the service were not entirely effective as issues we found had not been identified by the provider.

There were arrangements in place for monitoring the quality of the service that people received.

Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the deputy manager were supportive.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

Burrows House

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 2 and 3 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. Before the inspection we looked at the information we held about the home including notifications they had sent us.

We spoke with four people who used the service, two relatives, five members of staff, the deputy manager and the registered manager. We reviewed records, including the care records of the six people who used the service, three staff members' recruitment files and training records. We also looked at records relating to the management of the service such quality audits, accident and incident records and policies and procedures. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe living at the service and felt well cared for. One person said "I do feel very safe here." One relative told us "My relative is safe here; it's such a relief knowing that."

During our inspection we found that medicines were not administered safely and effectively. A medicines error was found during the morning medicines round we were observing. We found that the person was receiving an incorrect dose of one medicine. Therefore this meant that the person was at risk of harm as they had not received their medicines as prescribed for a month between the beginning February 2016 and the beginning of March 2016.

We identified that covert medicines were administered within the home. A policy was in place for the management of covert medicines. However, we found that the policy had not been followed. Although the written consent of the GP and next of kin had been obtained; the advice of the pharmacist had not been sought in line with the policy to ensure there were no risks associated with the covert administration method to be used. The Medicine Administrations Records (MAR) chart recorded a range of prescribed medicines which were required and needed to be administered, one such medicine specifically gave written advice against its administration in the way staff were administering at the time of inspection. Medicines were therefore not safely administered.

We found that staff had not always followed the service's procedure and guidance on monitoring people's nutrition and hydration to ensure their individual needs were met. Food and fluid intake charts were not consistently implemented. For example, one person had lost a significant amount of weight; 2kg between November 2015 and December 2015 and 3kg between January 2016 and February 2016. The Malnutrition Screening Tool (MUST) which is a calculator used to establish nutritional risk placed this person at medium risk. This meant that the service was required to weigh the person weekly and implement a food and fluid chart; neither of these actions were taken. By not maintaining records to monitor people's intake meant staff could not make timely referrals to healthcare professionals to support people with their nutrition. Further to this person's weight loss we found risks assessments specific to nutritional needs had been not reviewed.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised the issue of both the covert medicines and the medicines error with the manager and the deputy manager. The deputy manager who told us they would seek advice from the pharmacist regarding the covert medicine and that the error would be reported and investigated; however, we were unable to monitor this at the time of our inspection and will check this at our next inspection. We found medicines were stored and managed safely. There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals.

We found risk assessments were carried out and included risks to people in relation to falls, moving and

handling, waterlow scores and skin integrity.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to.

The manager told us that all staff had received training on safeguarding adults. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

A signing in book was in use in the office area, to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out.

We saw an accident and incident file recording all incidents and accidents for people using the service. This included the detail of the incidents or accident, i.e. what happened, what action was taken, For example one person using the service had suffered a fall and was taken to hospital. This was documented by staff and reviewed by the manager. We saw that the person was reminded to use their call bell and not try and mobilise without assistance in order to prevent future falls.

Records showed fire alarms systems and equipment were regularly checked and serviced. The fire risk assessment for the home was up to date and monthly fire drills were carried out. At this inspection we found there were arrangements in place to deal with foreseeable emergencies. Staff we spoke with confirmed they had attended fire drills and could describe the action they would take in the event of a fire, or an emergency.

Appropriate recruitment checks took place before staff started work. Staff files contained a completed application form which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member. There were sufficient numbers of staff on duty to meet people's needs. We observed a good staff presence and staff were attentive to people's needs. One person we spoke to told us "There are always enough staff." A relative we spoke to told us "We see enough staff whenever we visit."

Is the service effective?

Our findings

People and relatives we spoke to told us that staff were understanding, knew their relatives well and were competent. One person said, "Staff are very good at what they do." One relative told us "I think staff are exceptionally well trained."

Staff training records confirmed staff had completed an induction and carried out one week's job shadowing when they started work. Staff told us they were up to date with their mandatory training which included safeguarding, first aid, food and hygiene, mental capacity and dementia training. Records we looked at this confirmed this. One member of staff told us "We get a lot of training, I benefit from it".

Staff were supported in their roles through regular supervisions and records confirmed that annual appraisals for the current year were due to be undertaken imminently. Supervision sessions gave staff the opportunity to discuss a range of topics including progress in their role and any training needs. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One member of staff told us "I get the opportunity to raise concerns and express myself verbally".

We observed the lunchtime meal being served in the home. The day's menu was displayed on the notice boards. There were different options for both the main meal and dessert which people could choose from. If people did not want either of these options they could choose to eat an alternative. We saw that people were also offered a choice of fresh fruit. People did not wait long to have their meals brought to them. Before placing food on the table staff explained to people what they were about to eat and checked that this was what they wanted. Staff were on hand to provide support if this was needed and checked that people had eaten and drank enough and were offered more to eat and drink if they wanted this. People who remained in their rooms were served their meals at the appropriate time. At various points throughout the day staff served people tea, coffee, juice and water. This meant people were kept hydrated throughout the day. One person we spoke to told us "The food here is very nice." Another person told us "I'm not a fussy eater, I like the food here."

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). 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). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and

that the provider was complying with the conditions applied under the authorisation.

Both managers and staff had received recent training in relation to the MCA and understood the principles. Staff understood the need to obtain consent before providing care. For example a staff member told us "I always ask people if they are happy for me to provide personal care, if they are not I respect their decision."

Daily records were maintained by staff in which their observations and notes about people's general health and wellbeing were recorded. People's individual records contained information about all their scheduled healthcare and medical appointments. This included the GP, chiropodist and dietician. Staff ensured people attended these when needed. One relative we spoke to told us "My relative sees health professionals when needed such as the chiropodist."

Is the service caring?

Our findings

People told us that the service was caring. One person said "The staff are very caring, I could not wish for better." A relative we spoke to told us "The staff are very caring and very kind." Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. We saw people were well presented and looked clean and comfortable. One healthcare professional we spoke to told us "The staff are amazing here, very caring."

Staff showed patience when providing support to people. For example, one person required support with their meal. We saw the staff support the person in an unhurried manner and checked if the person had enough to eat.

We observed staff greeted people warmly; they worked calmly when offering support to people by taking their time. Staff asked how people were and took time to listen to what people said. For example, we heard one person discussing the film they had just watched with a member of staff laughing and sharing jokes. We heard staff speaking with people in a respectful and polite way and conversations were relaxed and friendly.

Staff demonstrated that they knew people as individuals and that they understood the best ways to communicate with different people. A member of staff told us "I am the keyworker for one person, who asks for white tea, when they ask for this I know they mean they would like a glass of milk."

Staff protected people's privacy and dignity. We observed staff knocked on people's doors and waited for permission before entering their rooms. Staff ensured people could not be overseen or overheard when receiving support with their personal care, for example, by keeping people's doors closed. One member of staff we spoke to told us "I always knock on people's doors before entering and explain to them what I am doing when supporting them". One person we spoke to told us "Staff always tell me what's happening and what they are going to do."

Staff told us and we saw that they promoted people's independence by encouraging them to carry out aspects of their personal care such as dressing themselves and washing. One person we spoke to told us "I am independent and do everything myself but the staff are there if I need them." People were supported to be independent where possible, for example. One person told us "I am independent I get dressed, put my clothes away. But the staff are always there to help."

People's friends and relatives were encouraged to visit with them at the home. On both days of our inspection relatives came to visit family members and we observed they were warmly welcomed by staff. Relatives told us staff kept them informed and updated about their family member's health and wellbeing. One relative told us "We are so relieved that our relative receives good care here. We are always kept informed."

People told us they had been consulted about their care and support and their individual needs were

identified and respected. Care plans contained people's life history and preferences about their care. One person told us "My children are involved in my care but it's also discussed with me."

People were provided with information about the home in the form of a service user guide which included the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home and included the complaints procedure.

Staff showed an understanding of equality and diversity. Care records for every person who used the service included details about their ethnicity, preferred faith, culture and spiritual needs. For example, regular church services were held at the home for people who wish to attend.

Is the service responsive?

Our findings

Relatives we spoke to told us that staff carried out their duties in accordance with their care plan. One person said, "We are involved in the care planning and always know what is going on."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were allocated a member of staff as a keyworker and details of this was found on each person's record.

We saw care files were well organised, easy to follow and were reviewed on a regular basis. We looked at six people's care files and saw care files included care plans and risk assessments. People's health care and support needs had been assessed before they moved into the home.

People's care plans were person centred and included guidance for staff on how to support them in areas of their daily lives. For example, in the areas of communication methods, and support with personal care and mobility needs. One mobility care plan gave staff information to ensure they knew how to support a person who had mobility needs. "To ensure wearing fitting footwear when mobilising."

People were encouraged to participate in activities within the home to offer stimulation and prevent people being isolated. Large boards were placed throughout the home which informed people what activities were taking place over the course of the week. These included bingo, arts and crafts, potting plants, dancing and tea parties. These were arranged and delivered by an activities coordinator who worked at the home, five days a week. We also noted that one person enjoyed reading the 'Metro' newspaper and that the activities co-ordinator brought in a copy for them every day. One person told us "I enjoy the music and like to watch films." Another person told us "I like to sew and knit, there are a lot of activities available."

People were confident the registered manager would address any concern they had. People and their relatives told us they knew how to make a complaint. They had received the complaints policy from the service. The service's complaints handling process was effective. There was a record of complaints raised in the service with written acknowledgement sent to a relative. The service had investigated and resolved complaints received within timeframes set in the provider's complaints procedure. Staff told us how they would support people to make a complaint and ensured they received an appropriate response.

Is the service well-led?

Our findings

The provider carried out audits to monitor the service, which included medicines, care plans, food and kitchens. However, improvements were needed. Although the service carried out medicine audits these failed to identify the medicine issues we identified at this inspection. The provider's medicine audit for February 2016 did not identify that staff did not follow the covert medicines policy for the person on covert medicines. The audit also failed to identify the medicines error where one person was being given an incorrect dose of one medicine.

The deputy manager told us that medicines audits were carried out monthly and showed us the audit reports for the service, the results were normally over 80% compliant. Consistent themes across recent (January and February 2016) audits identified staff were not always recording the running drug balances on the MARs charts. However, as these audits had failed to identify the issues we found with medicines at inspection they were not an effective system to improve the quality of the service and mitigate risk involved in medicines administration.

Other audits were effective in identifying issues. For example, we saw that the care plan audit for January 2016 detailed that the monthly update for a new resident had not been carried. The action was to have this completed within a week; records confirmed this had been done.

The home had a registered manager in place who was supported in running the service by a deputy manager. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the leadership being receptive to staff input. Staff said that the managers were supportive and they operated an open door policy. A relative we spoke to told us "The registered manager is great and I am also able to talk to them." One member of staff told us "The managers are very good leaders."

There were clear lines of communication operating at the home. Staff attended handover meetings at the beginning and end of every shift. We saw that written handover sheets were completed and communication books were used. This meant staff were kept up to date with any changes to people's care and welfare.

Regular staff and meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings confirmed discussions around areas such as activities and the use of communication books. One member of staff told us "I learn a lot from staff meetings, we discuss ways we can improve." These meetings kept staff informed of any developments or changes within the service and staff were supported in their roles.

We saw that regular residents' meetings were held to provide people with an opportunity to air their views about the service. Minutes of these meetings showed they were well attended and that people engaged with

the process and their suggestions had been actioned. Items discussed included activities, menus, complaints and suggestions.

People and their relatives were invited to give feedback about the service in a survey. However, although feedback was positive, we saw the survey for 2015 had not been analysed and therefore no action plan could be implemented to make any necessary changes to improve the service. The manager told us the service's head office would be undertaking the analysis imminently.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected from the unsafe management of medicines