

MNP Complete Care Limited

Burnham

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Burnham is a residential care home providing personal and nursing care to 5 adults living with physical disabilities at the time of the inspection. The service can support up to 5 people, in one large adapted house.

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

People told us and indicated to us that they felt safe and were happy living at the service. Potential risks to people health, welfare and safety had been assessed and there was guidance for staff to mitigate the risks.

People were supported by staff who had been recruited safely. They had received appropriate training for their role. People told us there was enough staff to support them when they needed and to do the activities they wanted.

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 were involved as much as possible in developing their care plan. People told us that staff listened to them and respected their decisions. Staff encouraged people to be as independent as possible. People were supported to live as healthy a lifestyle as possible and eat a balanced diet.

People were supported by specialist health care professionals to keep them as healthy as possible. People received their medicines when they needed them. Medicines were reviewed regularly to make sure they remained effective and relevant.

People were treated with dignity and respect. People told us they were supported in the way they preferred. People were given information in ways they could understand, including audio and pictorial.

The registered manager completed checks and audits on the quality of the service. People, relatives and staff were asked for their opinions of the service. When staff and people made suggestions, these were acted upon.

There was an open and transparent culture within the service. Accidents and incidents were analysed, action was taken to reduce the risk of them happening again. People and staff were comfortable in each other's company. Staff told us the people were at the centre of the service and everything that they do.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 10 January 2018). Since this rating was

awarded the registered provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the provider changed legal entity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Burnham

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with two people who used the service and interacted with two others through non verbal communication, about their experience of the care provided. We spoke with five members of staff including the registered manager, the director of care, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies in place to protect people from abuse. The registered manager understood their responsibilities to recognise and report concerns to the local safeguarding authority. The registered manager told us they had not had to raise any but explained what they would do.
- Staff had received regular safeguarding training. Staff could describe different types of abuse, the signs they would observe for and would report their concerns to the registered manager. They were confident the registered manager would take the appropriate action. Staff understood the whistle-blowing policy and who they report concerns to outside of the service.
- There were systems in place to protect people's finances. People were supported to be as independent as possible with their finances. When they needed support the registered manager referred them to appropriate resources to support them.

Assessing risk, safety monitoring and management

- People told us and indicated that they felt safe living at the service. Some people were living with diabetes. There was clear guidance for staff about the signs and symptoms to look for if people were unwell and what action to take. One person told us, how staff had recognised when they were unwell, and they had been referred to the doctor.
- When people required equipment to be able to move around the service, an assessment had been completed. There was clear written guidance for staff about how to use the equipment, this included photos to show each stage of the transfer.
- When people received their nutrition through a tube directly into their stomach. There was clear guidance for staff about how to maintain the tube, administer the food and medicines and the signs of infection. Staff told us they had received training from the specialist team and their competency had been checked.
- Some people had a supra-pubic catheter, to drain urine directly from their bladder. Staff had clear guidance about how to maintain the catheter and reduce the risk of infection. Staff told us the action they would take if the catheter came out, to reduce the risk of the site closing over.
- Checks had been completed on the environment and equipment to make sure people were safe. The fire equipment had been checked weekly, any concerns had been addressed immediately. Each person had a personal emergency evacuation plan, this included photos of the person's room from the doorway and how to use equipment to move them.

Staffing and recruitment

- There were enough staff to meet people's needs. People and staff told us there was enough staff. One person told us, 'The staff are always around when I need them and I am supported when I want.' Duty rotas showed that there had been constant staffing levels.

- The registered manager told us, they covered the service if people wanted to go out and if there was staff absence. Staff told us they worked really well together as a team and covered each other as much as possible.
- Staff had been recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character and suitable to work with people. These included references and Disclosure and Barring Service criminal records check.

Using medicines safely

- Medicines were managed safely. People told us they received their medicines when they needed them. One person told us, 'My medicines are in the cupboard, (in their room), staff give me my medicines at the same time each day.'
- There were systems in place for the ordering, storage, administration and disposal of medicines. Staff had received medicines training that was regularly updated, and their competency was checked.
- The temperature of the rooms where medicines were stored, had been recorded to check that it was within the limit to keep medicines effective. Liquid medicines have a limited time, once opened, when they are effective. Staff had dated when bottles were opened to make sure people did not receive the medicine that were not effective.
- Some people were prescribed medicines on a 'as and when' basis, such as analgesia. There was clear guidance in place for staff about when to give the medicines, how often and what action to take if they were not effective.

Preventing and controlling infection

- The service was clean and odour free. Staff completed the daily cleaning of the service; all areas of the service had been cleaned to a high standard.
- Staff had received infection control training. Staff had access to personal protection equipment such as gloves and aprons and these were used appropriately.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify patterns and trends. Action had been taken to reduce the risk of them happening again. Each report was reviewed by the registered manager and the action taken was recorded.
- When there had been a medicines error, staff took the appropriate action. Staff then reflected on why the error had happened. They had received additional training and their competency checked, the error had not been repeated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed using recognised tools such as Waterlow, to assess people's skin integrity. These assessments were used to develop the person's care plan.
- There had not been a recent admission to the service, however, there was a system in place to assess people before they were admitted. The registered manager told us they would go with the operations director to meet the person. They would assess if the staff would be able to meet the person's needs.
- The pre-admission assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included cultural and religious needs, more information was required to include sexual orientation. We discussed this with the registered manager, who understood their responsibilities to support people with all aspects of their lives.

Staff support: induction, training, skills and experience

- Staff received training appropriate for their role. Training was delivered either face to face for example moving and handling or online. Staff received training on all the topics the provider considered essential to their role such as health and safety, food hygiene and mental capacity. Staff also received training about health conditions that people were living with such as diabetes.
- New staff completed an induction including shadowing experienced staff to learn about people's choices and preferences. Staff completed the Care Certificate, a nationally recognised qualification in care, they had met regularly with the registered manager to discuss their role. The registered manager had adapted and supported staff through their training when additional needs had been identified.
- Staff received regular supervision and appraisals to discuss their practice and identify any areas of development that may be needed. Staff told us they met with the registered manager regularly and were comfortable to raise any concerns they may have, and they felt supported.

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

- People were supported to eat a balanced diet and they were involved in choosing the menu. The registered manager told us that everyone's favourites were included such as Chinese meals. Staff knew people's choices and preferences and adapted meals accordingly. One person does not like pork, so they have chicken instead.
- People who required a pureed diet and thickened fluids, were supported. During the inspection, we observed them being given thickened fluids as prescribed and an appetising pureed meal.
- People were offered drinks and snacks throughout the day. There were tea and coffee facilities in the main lounge, if people wanted to use them. People told us, they enjoyed the food and the choice available.

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

- Staff monitored people's health and people were referred to health care professionals when people's needs changed. People told us, that staff had recognised when they were unwell, and they had been admitted to hospital quickly. The registered manager told us, staff knew people well and quickly acted on any changes.
- People were supported to attend health care appointments with specialists. People told us, they were encouraged to understand their health conditions and how they were being managed. People's medication was reviewed regularly by the GP, to make sure people only received the medicines they needed. Some people had complex medical conditions that were managed well by staff with the support of the GP. Staff knew what signs to observe for if the person's condition was deteriorating.
- People told us, they enjoyed going to the gym. One person told us, 'I want to keep walking for as long as possible and the gym helps.' During the inspection, two people attended the gym.
- People were supported to attend the dentist and optician when required.

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

- People lived in one large adapted house, the garage had been converted into a separate bedsit with its own entrance. Each person had access to their own toilet and shower room.
- There was a passenger lift to all floors of the building. People had access to the gardens, where parties and barbeques were held.
- People were able to access all areas of the service. The corridors were wide and clutter free, there were ramps to enable easy access for wheelchairs.
- People's rooms had been personalised with pictures and objects that reflected their hobbies and interests.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff understood how to support individuals to make their own decisions. Staff knew how each person liked to communicate and how they needed to have information given to them. The registered manager told us how they made sure that one person was involved in making decisions about their future care. They had attended the hospital and given the person the choices available to them in a way they could understand. They had made sure that the person's decision was respected and recorded.
- Records showed that people had been involved in decision making. They had signed their care plans, when able to. People told us staff respected their decisions and supported them to be as involved as possible.
- Staff and the registered manager explained how they supported people to make decisions. The registered

manager was passionate that people should have as much control over their lives as possible and people confirmed this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Staff knew people's choices and preferences and supported people in these.
- People were comfortable to ask staff for support when they needed it. People responded well to staff and we observed them laughing and joking with them.
- People were supported to continue their hobbies and interests. Staff encouraged people to express their views and these were respected.

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

- Staff supported people to express their views when speaking to health care professionals during appointments. People told us, they felt supported and their opinion was valued.
- People were involved in developing their care plans and signed to say they agreed them where possible. When they were unable to sign, it was read to them and signed by a relative.
- People's decisions were respected by staff, they understood people's preferences and relationships and how this affected their decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Each person had a key to their room, it was up to them how they kept and used the key. Some people kept it with them and others left it outside the door when it was locked.
- People were encouraged to be as independent as possible. One person had been supported to attend a weekly club independently, including travel in a taxi and paying for the journey. People were supported to manage their own money. People had their own bank cards and took cash out of the machine. People were supported to budget for their trips and activities.
- Staff spoke to people in a respectful way. We observed staff knocking on people's doors and waiting to be asked in.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they received care and support as they wanted. Care plans contained detailed guidance for staff about how to support people. This included their morning and evening routines, which contained details about which leg the person liked to have the catheter bag attached to. One person told us, 'I have a shower each morning, I enjoy this. I have a nice bathroom and do not have to wait for staff to help me.'
- People's care plans contained information about their lives before they came to live at the service. Staff had used this information to help them understand how people reacted to different situations when they arose. They then used this to help devise a care plan with the person putting in strategies to support them when they become anxious.
- People's care plans were reviewed regularly and when changes were needed. These were agreed with people when possible.

Meeting people's communication needs

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

- The service made sure people received information in the way they can understand. In the communal lounge there is an interactive computer tablet. This contained information about how to complain and safeguarding, in pictorial and with an audio commentary.
- Important day to day information was displayed around the service in written and pictorial format.

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

- People were supported to maintain relationships that were important to them. Visitors were welcome at any time, people told us that their loved ones visited them often. People went out with their loved ones regularly.
- People were supported to take part in activities they enjoyed. There was an activity plan available, but this was not often used. People decided what they wanted to do, and staff supported them.
- People were supported by staff to go into the town, out for meals and spend time in the park. The service had access to a mini bus and people enjoyed going for day trips and meals together. During the inspection, people went to the gym and the cinema, they also attended activity clubs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that was available within the service. People told us they knew how to complain, if they needed to. One person told us, 'I would speak to the manager if I needed to.'
- There had not been any recent complaints. Previous complaints had been recorded, investigated following the provider's policy and had been resolved.

End of life care and support

- People had been asked about their end of life wishes and these had been recorded. Some people had recorded them on their own computer and this was recorded in their care plan.
- When people had become unwell and had remained frail, they were given the opportunity to decide their future care. Some people had decided that they did not want to go into hospital and to be cared for at the service. This had been recorded and agreed with the GP.
- Staff worked with the GP and district to support people at the end of their lives. When people were frail the GP made end of life medicines available.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager promoted a positive culture within the service, where people were at the centre of everything. Staff supported them in this vision. Staff told us, 'We put the resident first, they are precious cargo.'
- We observed interactions between people and staff, showing that there was an equality in the relationship. People were involved in discussion about all aspects of their lives and were part of all decisions to promote their independence as much as possible.
- The registered manager had approached decisions as what was right for the person and involved them at all stages. The registered manager had made sure that even when people were frail, they were involved in the activities within the service such as barbeques. They told us, 'They may not be able to join in all of the day, but they should be able to take part and enjoy themselves as much as possible.'

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

- There was an open and transparent culture within the service. People appeared to be relaxed and comfortable with the registered manager. They shared details about how they had spent their weekend and there was a genuine interest from both.
- When incidents happened, the registered manager had been open with people and staff. People had known about incidents when it had affected them and had been aware of what action had been taken.
- Staff told us the registered manager was approachable and that they could speak to them about anything.

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

- The registered manager and staff understood their roles and had policies available to support them.
- The registered manager completed checks and audits on the quality of the service. These audits had been effective in identifying shortfalls and action plans had been put in place to rectify the shortfalls.
- The director of care visited the service regularly and staff told us they were approachable. They had made improvements to the service such as new carpets in the communal area. The provider completed audits on all aspects of the service and created an action plan to rectify any shortfalls found.

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

- People, staff and relatives had been asked for their opinion on the quality of the service. Regular staff and resident meetings had been held. People were asked about what activities they would like and any meals they would like to be added to the menu. Meals that had been asked for were now on the menu.
- Staff meetings discussed the needs of people living at the service and any changes. They also discussed training and development needs to meet people's needs. There was always part of the meeting where staff were able to discuss any concerns or ideas they may have.
- Staff told us they felt listened to, they told us about changes made after they had suggested them. The provider had changed the day staff were paid following staff feedback. Staff had suggested a casual uniform of navy polo shirt and trousers, this had been accepted by the provider.
- Relatives had completed a quality assurance survey, analysis showed that the response had been positive. One relative had written, 'I couldn't wish for more care and attention given to (person), he is really happy. He has had a number of health issues over the years and the team have pulled out the stops to bring him back from the brink.'

Continuous learning and improving care; Working in partnership with others

- The service worked with other agencies and health professionals. Staff liaised with specialist nurses and consultants to make sure that people received joined up care.
- The registered manager kept up to date with changes in good practice guidance by attending meetings with the registered managers of the provider's other services. The provider attended training forums, this information was then cascaded to the registered managers.
- The registered manager attended relevant training sessions held by the local Clinical Commissioning Group.