Aps Care Ltd

Burlingham House

Inspection report

Dell Corner Lane
North Burlingham
Norwich
Norfolk
NR13 4EQ

Tel: 01603270600
Website: www.burlinghamhouse.co.uk

Date of inspection visit:
26 November 2018

Date of publication:
12 December 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 November 2018 and was unannounced.

Burlingham House provides residential care for up to 49 older people, some of whom may be living with dementia. The home is a period building over two floors. A recently opened and purpose-built extension provided en-suite facilities and a number of communal areas and outside spaces. At the time of our inspection there were 34 people living within the home.

There was a registered manager in post at the time of this inspection. 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.

Our last comprehensive inspection was carried out in June 2017, and we found that systems to monitor the quality and safety of the care provided or to limit risks to people's safety were either not effective or were not in place. This resulted in some people experiencing poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We subsequently warned the provider about this and told them that they had to meet this regulation by 18 August 2017. We then carried out a focussed inspection in October 2017, where we found that the necessary improvements had been made and the provider was no longer in breach of this regulation. However, there were still improvements needed in the governance systems in the home.

At this inspection we found that further improvements had been made to the governance and there were effective systems in place to monitor and review the service. Audits were carried out in many areas to assess the quality of the service. Action plans for improving the service were ongoing, and actions were completed in a timely manner.

Further improvements were still needed to ensure that people received fully individualised care, through adding detail around end of life and health conditions in their care plans. Further oversight of the daily records of people's care was also needed to ensure they received care as they wished.

Staff administered people's medicines as they had been prescribed and there was oversight of medicines administration which meant any errors were promptly identified and acted upon. Risks to people were assessed and mitigated, and the environment was kept safe for people to live in. Staff had a good knowledge of safeguarding and how to report any concerns relating to abuse. There were enough staff to keep people safe, and they were recruited safely.

Where needed, people's mental capacity was assessed and decisions made in people's best interests. Where people were deprived of their liberty, this was compliant with relevant legislation.

Staff were competent and received training which was relevant to their role. New staff underwent comprehensive inductions and shadowed more experienced staff to learn the role.

People received a choice of meals and drinks, including any specialist diets such as diabetic and soft diets. Staff supported people with accessing healthcare when they needed, and followed any recommendations from healthcare professionals.

Staff and people built good relationships and staff were caring towards people, respecting their dignity and privacy. People's needs were assessed prior to moving into the home, and these needs informed a care plan which guided staff on how to meet people's needs. There were not always specific end of life care plans in place, and people did not always receive all personal care as expected. However, people reported that they were happy with the care they received.

There were activities available for people to join, as well as trips out sometimes. People were encouraged to join in with things, and one to one support was available if they chose not to.

People felt comfortable to raise any concerns with staff. They had opportunities to attend meetings to discuss the service.

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.

The environment was kept safe for people.

Risks associated with people's environment and their care were identified and mitigated.

There were enough staff to keep people safe and staff knew their responsibilities in safeguarding people from the risk of abuse.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles.

People received a choice of balanced meals and enough to drink.

Staff supported people to access healthcare and followed recommendations where needed.

People's mental capacity was assessed for making specific decisions, and these were made in people's best interests where needed. Where people were deprived of their liberty, this was compliant with relevant legislation.

Is the service caring?

Good

The service was caring.

Staff and people had built good relationships and staff respected people's privacy and dignity.

People and their relatives were involved in making decisions about people's care.

People were supported and encouraged to have visitors to the home when they wished.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans contained guidance for staff on meeting people's individual needs and preferences, and included information about people's interests. However, further information around supporting people with their health conditions and end of life care was needed.

People and their relatives were asked for feedback on the service, and people knew who to speak to if they had concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager sent notifications in to CQC as required.

There were improved quality assurance systems in place, including audits which identified areas for improvement. Action was taken where these were identified.

Staff worked well as a team and there were regular meetings.

Burlingham 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.

The inspection was carried out by three inspectors, including a medicines inspector 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. One of the medicines team inspectors looked at the administration of medicines and associated records.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider had not been requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 11 people living in the home and three visitors. We spoke with five staff members including the registered manager, the deputy manager, the family liaison officer, three care workers and an activities coordinator. In addition, we spoke with a visiting healthcare professional.

We looked at the care records and risk assessments for five people in detail and a sample of medicines administration records (MARs) as well as other records relating to health and safety and the running of the home.

Good

Is the service safe?

Our findings

During our last comprehensive inspection in June 2017, we found that the service was not always safe, and it was therefore rated 'Requires Improvement' in this area. During this inspection we found that sufficient improvements had been made and the service was rated 'Good' in safe.

At the inspection in June 2017, we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the risks to people, including risks relating to the premises, had been identified but not consistently reviewed and fully mitigated. People did not always receive their medicines as the prescriber intended. The service was also in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not consistently enough staff available. At this inspection in November 2018, we found that these areas had improved and the service was no longer in breach of any regulations in this area.

The service had systems in place to make sure that people received their prescribed medicines. Staff had undertaken training and their competency had been checked. Staff stored medicines securely, including creams kept in resident's rooms, and when they administered creams and medicines they made clear records. Staff had recorded how each person liked to take their medicines, for example "[person's name] likes to take tablets with a glass of water". We observed medicines being administered and saw staff spending time with people, encouraging them to take their medicines.

Staff recorded the time that each person was given their medicines which ensured that people who were prescribed medicines which had to be given at set times, such as those for Parkinson's disease, had them regularly. However, the records showed that for people who preferred to go to bed early there may sometimes have been less than four hours between the teatime and bedtime doses. This is not appropriate for medicines containing paracetamol and the registered manager confirmed that they would review this immediately.

There were protocols in place for medicines to be taken when needed and for people who were not able to ask for pain relief or laxatives, staff knew how to identify when they were required. Staff recorded daily checks on people with pain relief skin patches, to make sure the patches were still in place.

The service kept a range of homely remedies for minor conditions such as headache or indigestion, and had agreed with each person's GP which medicines were suitable for them. Medicines that require extra checks and special storage arrangements because of their high risk were stored securely, and records were kept in line with regulations.

We found that risks to individuals associated with their health and support needs were being managed well, and there were improvements in this area. For example, where people were assessed to be at risk of developing pressure ulcers, falling or choking, this was recorded with guidance in place for staff on how to manage the risks. We observed that any equipment, such as pressure relieving cushions, was in place when required. Where people required support with changing position in bed due to the risk of pressure ulcers,

this was carried out as instructed. People were supported with their meals in a way that managed choking risks.

Lifting equipment, heating and electrical equipment had been tested and maintained, and faults had been identified and acted upon. There were systems in place to regularly check that the water system was safe to use, including a legionella risk assessment. We saw that Personal Evacuation Plans (PEEPs) were in place for each person living in the home, which ensured staff would know how to support people in the event of a fire. Staff confirmed they had recent fire equipment training, and we saw there were regular fire equipment checks and drills.

There were enough staff deployed effectively across the home. One person said, "I've never thought if there is enough staff. I'm content with what they do for me. Sometimes if you want something and they are busy you have to wait a little while, but not very often. I don't ring my bell, if they come in to do me I ask them things then. They pass the time of day when they come in, they are very busy of course." Three people did say they felt that staff were more rushed at certain times of the day, one saying more so in the morning. They went on to say, "I have always found staff when I've needed them." All the staff we spoke with said they felt there were enough staff to meet people's needs and keep them safe. The service kept a dependency tool under regular review to assess numbers of staff required.

There were systems in place to check that the service employed suitable staff. Prior to people being employed within the home, there were checks in place for the Disclosure and Barring Service (DBS), which checked any criminal record, and references.

People said they felt safe with staff at Burlingham House, but two people told us they did worry at times about another person living in the home who went into their rooms. A relative told us that their family member had some items go missing because this person had gone into their room and taken them. We discussed this with the registered manager who told us what supervision they had in place to monitor the person at night, when they had previously gone into people's rooms whilst walking around. They said the person had settled and this had not happened recently, and they would continue to closely monitor this and take further action if needed.

We found that staff had knowledge of safeguarding and were able to tell us what concerns they would report, if they had any. They understood their responsibilities in safeguarding people from the risk of abuse.

The home was kept clean and staff demonstrated knowledge of good infection control practices, such as Personal Protective Equipment (PPE) and specific laundry bags. There was also good management oversight of infection control throughout the home.

The home took steps to ensure lessons were learned when something went wrong, for example an incident or accident. This included making referrals to the falls team for some people, and investigating problems so that the service could improve. When required, they referred concerns to the safeguarding authorities and looked into any concerns.

Good

Is the service effective?

Our findings

At our last comprehensive inspection, the service was rated, 'Requires Improvement' in this area. At this inspection we found that improvements had been made and it was rated, 'Good' in effective.

At the inspection in June 2017, we found the service was not fully complaint with the Mental Capacity Act 2005 (MCA). Some people's nutritional needs were not consistently met. At this inspection, we found that these areas were much improved.

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.

The mental capacity assessments we looked at established whether people could make specific decisions or consent to aspects of the care they received. These assessments showed that people were supported to understand and communicate around decisions as much as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people had a DoLS applied for, that their liberty was only restricted for their safety and least restrictive means were used in their best interests.

Staff received training and were competent in their roles. One person told us, "Those who care for you do it so well, you don't need to tell them what to do. You can tell they like it. I think the staff are caring. I've not seen any bad performances, it's very good how well they look after us." Staff told us they had received classroom based training sessions such as manual handling and first aid training. Further training such as the MCA, Safeguarding and infection control was paper-based. The registered manager told us they were planning more classroom based training to cover all the provider's mandatory training in the new year, as they felt this was more effective.

New staff shadowed more experienced staff when they started, as part of a comprehensive induction to learn about the role and get to know people. We spoke with a new member of staff and they confirmed to us that they were having their competencies checked and signed off, such as in personal care. They told us they had received paper training as part of their induction as well as one to one conversations about the role, and health and safety. Staff also had competency checks such as the use of thickener and the application of creams, so that the management team could assure themselves these were being administered as intended.

People moving into Burlingham House underwent a thorough preassessment of their needs, which included staff gathering information about people and their needs. This was then used to form a comprehensive care

plan, with guidance for staff on how to meet their needs.

Records showed how the service worked with other involved agencies to ensure people received the care they needed. This included referring people to other teams for support, for example with dementia, swallowing or diet, as well as the district nursing team, social workers and GP practices.

People received a healthy balanced diet and a choice of meals to eat. All the people we spoke with said they were given a choice of meals. One said, "The food is alright, you get a choice and plenty, if you want more you can ask. They make a good cup of tea." Another reflected, "The food is good, damned marvellous. You can say can I have that, and they will serve it up on your plate." One staff member explained how they had supported people with extra drinks and encouragement through the hot weather period in the summer. People were supported with specialist diets, such as fortified with extra calories, diabetic or soft diets if needed. We saw that staff recorded for some people, who were at risk of not eating or drinking enough, what food and drink they had. Fruit and water were available for people in communal areas. There was a large menu on the wall with pictures of what was available for the meals that day.

Meals looked appetising and soft food was shaped and served in separate portions. However, we observed that the mealtime at lunch was disorganised in some respects. We observed that there was a long gap between the main course and dessert which led to many people leaving the dining room in between. The layout of the home meant that it was difficult to ensure that people always received hot food throughout the home at lunch time. We saw that one person who had lunch in their room was served a luke-warm baked potato. People did not always receive prompt support following the meal, for example to check that they had eaten and to take plates away, and support the person to clean themselves if they wished. However, nobody we spoke with raised any concerns around the mealtime.

People had access to healthcare services and involvement from professionals such as dentists and chiropodists when they needed. There were recorded visits within people's care plans, from healthcare professionals, and details of how staff followed their recommendations.

There was an ongoing environmental assessment which was completed regularly to identify whether any improvements could be made to the environment. This included extra signage, for example, for toilets, to support people's orientation around the home. It also assessed whether the environment promoted meaningful interaction and mobility for people. The home was light, with several communal areas people could spend time in if they wished, with even flooring and good signage throughout. There was also an enclosed outside area which was accessible to people.

Good

Is the service caring?

Our findings

At our last comprehensive inspection, the service was rated, 'Good' in this area. At this inspection we found that the service continued to support people in a caring way, and was again rated, 'Good' in caring.

One person said, "The carers are very nice, sociable. You talk to them and they talk to you. They do what they can, they give you a little reassurance and you know they are there if you need them." Another person said they felt that some care staff were caring, others not as much. However, people we spoke with were in the main positive about the care staff.

All the staff we spoke with demonstrated an awareness of how to work with people living with dementia, including providing distraction and reassurance when needed. We saw an example of this when one member of staff spent time sitting with a resident who was upset and agitated. Supporting people living with memory problems was also covered in their care plans. Staff adapted their communication to support people to understand them, for example by getting down to eye level, and speaking more loudly and clearly if people's hearing was impaired.

We saw that care delivered to people was not task-focussed, and we observed staff taking time to have meaningful interactions with people. Whilst one person told us staff did not have time to chat with them, the other people we spoke with told us staff spent time with them. When we had conversations with staff about people's needs, it was clear that they knew people well and what their preferences were. Visitors were able to go to the home when they wished.

People and their families were involved in care planning. For example, one person said, "I certainly do feel involved in my care. I tell them what I want, there isn't a problem." A visitor told us they could have a care plan review with staff and go over anything they felt needed changing. This was also confirmed with management staff we spoke with. A relative also confirmed, "[Staff] always contact me if there is a problem." People's rooms were attractive and personalised with their own items.

One person confirmed that staff respected their privacy, "They knock before they come in." We saw that staff knocked on people's doors if they wanted to go into their room. In addition, staff told us other ways they supported people's privacy and dignity, for example ensuring doors and curtains were closed during any personal care.

We saw that staff supported people to remain as independent as possible. For example, we observed a member of staff put food on a person's fork and then hand it to them to feed themselves.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection, the service was rated, 'Requires Improvement' in this area. At this inspection we found that, although some improvements had been made, further improvements were needed and it remained rated, 'Requires Improvement' in responsive.

At our inspection in June 2017, we found that people did not always receive person-centred care, and their interests and hobbies were not always supported. At this inspection, we found that there were significant improvements in this area.

People told us they felt supported in the way they preferred, however records did not always demonstrate that staff delivered this. One person said, "I like to be in control of my care, I know what I like and how I like it done, and they all seem to fall in with it. I feel they respect me. I wear what I like, you get a choice every day for lunch, I get up and go to bed when I want." Another told us they received a wash every day but not a full bath or shower. They said, "You get used to it." We saw that people's records did not demonstrate that they always received personal care such as oral hygiene support, baths and showers regularly. When people refused persistently, the management team had not investigated with people and staff why this was. We fed this back to the management team and they said they would address this.

Care plans had details of people's histories, preferences and care needs, such as how staff should support people with their mobility, diets and communication. We found that when they had individual health and behavioural needs, these were not always fully covered with guidance for staff. However, the management team explained what plans they would put in place for people's conditions, such as Parkinson's disease, to cover more detail about an individual's symptoms. They sent us a template of a care plan for people's health conditions the day after the inspection which they said they would put in place immediately.

End of life care plans were not always in place for people, however we saw records of staff initiating conversations with some people and their families around end of life care. One relative told us, "Management have sat with me and we have made an end of life plan for [Relative]." The management team explained what care plans they were rolling out in the home for people's end of life care, and sent us the template of this care plan. This would contain details of aspects of care and support that were important to people nearing the end of their lives. They said they would be completing these parts of the care plans following the inspection, and in the meantime, they were liaising with family members around end of life care.

People were supported to participate in activities. One person told us, "I find plenty to do. I went to something the other Saturday, I thoroughly enjoyed that. I should make the effort to go more often." However, three people told us they didn't join in activities as they didn't feel they were interested in any. We spoke with the activities coordinator who said they offered regular one to one time for people who preferred not to join in group activities, and we saw records of these. A visiting relative said, "There is enough stimulation if [relative] wants it. Whenever I come in they are doing something with [people] in the lounge. They do try to encourage [relative], but wouldn't force it."

On the morning of our inspection visit the home was visited by a group of mothers with babies and young children, who interacted with people. We saw that this had a positive effect on some people, as they were laughing and making noises with the toddlers and holding the babies. Staff supported people to join the activity if they wanted, but also respected their decisions not to join in. There were regular inhouse activities as well as trips out such as lunch in a restaurant, and we saw pictures of a trip out to a horse sanctuary in the summer. The home held events such as a 1940s day and a summer bbq, and carried out activities such as games and crafts. An activities coordinator explained to us how they chose activities with people by asking what they wanted to do. They said they spent time with some people who preferred to stay in their rooms, having conversations or playing dominoes.

Staff supported people with their spiritual requirements. There was a monthly communion service in the home, and staff supported some people to attend church for remembrance Sunday.

People and their relatives knew who to complain to and had been asked for feedback on the service. They said they felt comfortable to raise any concerns with staff or the registered manager if they needed to.

Good

Is the service well-led?

Our findings

At our last inspection we carried out a focussed inspection of 'well-led' on 25 October 2017, and the service was rated, 'Requires Improvement' in this area. At this inspection we found that improvements had been made and the service was rated, 'Good' in well-led.

This service has a history of non-compliance. We completed a comprehensive inspection of this service in October 2015 where we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two breaches of legal requirements were found regarding the need for consent and meeting nutritional needs. Following this inspection, the provider sent us a plan to tell us about the actions they were going to take to meet the breaches of the regulations.

A further comprehensive inspection was carried out in November 2016 where we again found that the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two breaches of legal regulations were found which related to the safe care and treatment of those that used the service and governance. We asked the provider to send us a plan that set out the actions they planned to take in order to meet the regulations. This was not received by CQC.

At an inspection in June 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment, staffing and governance. Whilst some improvements had been made, the service continued to be in breach of the regulation relating to governance for a second consecutive inspection. The service also continued to be in breach of the regulation involving safe care and treatment. Following this inspection, we served a warning notice around the regulation for good governance. We then carried out a focussed inspection in the key question of 'well-led' on 25 October 2017, and found they had met the warning notice satisfactorily.

At this inspection, we found that improvements had been sustained and further quality assurance systems had been developed. There were no breaches of Regulations and there was better oversight of the service. There were quality assurance systems in place which identified most areas for improvement. These included audits of infection control, health and safety, ongoing assessment of the environment, care plans and compliance. The audits were delegated to different members of the management team, as well as a regional manager who was also involved in auditing and oversight. We saw that the audits had been used to inform action plans to improve the service, and these actions were completed in a timely way. The action plan was updated regularly with ongoing improvements to the service identified.

The deputy manager carried out monthly audits to check that medicines were managed safely. The checks included ensuring that staff made accurate records when medicines were received from the pharmacy and that there was sufficient stock until the next delivery, as well as that staff administered medicines as prescribed.

We had a positive response from the management team around feedback where the care plans, personal care delivery and daily records still had some areas where they could be improved. The management team

told us what they would do to improve them and were putting them in place immediately following the inspection. They also said they would do more robust auditing of the information contained within people's daily records.

There was a positive morale amongst the staff team. A new member of care staff told us the home was a supportive environment to work in, saying, "I know [staff team] will help me, we all get on really well, they made me feel like I've been here for years, they made me feel really welcome." We observed good teamwork during our inspection visit. Staff were aware of whistleblowing and felt comfortable to report any concerns.

The home kept people and relatives involved in improving the service by requesting feedback and taking action where needed. The use of a 'suggestion box' had been implemented, and we saw records of these alongside the action that had been taken in response. There were regular meetings for people living in the home and their families, where they could discuss the running of the service. One person told us about these, saying, "We have individual meetings every 3 months where they ask if there are any changes to the care plan. They do have [people/relative] meetings you can go to."

Not everybody we spoke with knew who the registered manager was, but they felt confident to raise concerns with staff. One person said, "I'm afraid I don't know who the [registered manager] is, I would find out if I felt something was wrong. I know we have recently had a new one and things have changed. Everything is pretty good, I've got no complaints." Another person stated, "We have always been able to discuss things with the [registered manager]."

The registered manager had sent notifications to CQC as required, and worked with the local authority and external agencies to improve the service.