Valorum Care Limited

James Burns House - Care Home Physical Disabilities

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
James Burns House is a residential care home providing personal care to 18 adults at the time of our inspection. The home specialises in supporting people with a physical disability. The service can support up to 21 people. Accommodation is provided in a single storey adapted building.

People's experience of using this service and what we found
People described the care as safe and were supported by staff who had been trained to recognise and report any safeguarding concerns. Risks to people were assessed, monitored and reviewed and staff understood actions they needed to take to mitigate avoidable harm. Staffing levels met people's assessed needs. Recruitment practices ensured staff were suitable to work with people living at James Burns House. Infection, prevention and control measures were being followed in line with government guidance. People had their medicines administered safely.

We have made a recommendation about the management of some medicines.

Pre-admission assessments were comprehensive and included details of people's care needs and choices. Care was provided by staff had that completed an induction and had on-going training and support which enabled them to carry out their roles effectively. People had their eating and drinking needs understood, had a choice of well-balanced meals and were enabled to be as independent as possible. The environment provided accessible space both inside and outside and areas for both social and private time. People were supported to access community health services such as dentists and doctors. When transferring between services, people had a hospital and communication passport containing key information about a person.

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 and their families spoke positively about the care they received, felt involved in decisions and supported with maximising their independence. Staff were respectful of people's privacy and dignity.

People had person centred care plans that recognised lifestyle choices, cultural and religious needs and were understood and followed by the staff team. People were involved in reviews and goal setting. People were supported in hobbies, interests, attending social clubs and joining in with planned activities and trips. A complaints process was in place that people were aware of and felt able to use. People had an opportunity to be involved in end of life care planning ensuring any wishes, cultural or religious needs were understood.

The home had an open culture that was focused on ensuring people's rights were met and they received person centred care. Staff enjoyed their roles, felt supported and involved in the service. Quality assurance

processes were multi layered and effective at ensuring best practice. Partnerships with other professional agencies supported on-going learning and development of 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
This service was registered with us on 6 August 2019 and this is the first inspection. The last rating for the service under the previous provider was good (published 29 June 2019).

Why we inspected
This was a planned inspection based on the service changing ownership.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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.

James Burns House - Care Home Physical Disabilities

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 carried out by an 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.

Service and service type
James Burns House 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service and sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, team leaders, care workers, administrator and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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.

Good

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.

Using medicines safely

● When people had topical creams a body map had been completed which marked where each cream needed to be applied. Recording the administration of topical creams did not meet best practice guidance as the care worker who applied cream was not always the person who recorded it had been administered.

● Medicines were stored securely in people's rooms. Checks to ensure medicine storage was at a safe temperature had been carried out intermittently rather than daily.

We recommend the provider consider current guidance on storage of medicines and recording of topical creams and take action to update their practice accordingly.

● Some people had medicines prescribed for as and when required. Protocols were in place providing information that enabled staff to make decisions about safe and appropriate administration.

● Controlled drugs, (medicines that have additional controls due their potential for misuse), were stored in accordance with current regulations.

Systems and processes to safeguard people from the risk of abuse

● People and their families told us they felt safe. One person told us, "I feel very safe. This is my home." Another said, "I always feel safe here; everybody is lovely."

● People received care from staff that had been trained in safeguarding people and knew how to recognise and report concerns.

● Records showed us that the registered manager was proactive and transparent in reporting, investigating and taking appropriate actions when people were placed at risk of abuse.

Assessing risk, safety monitoring and management

● People had their risks assessed, monitored and regularly reviewed. This included risks associated with skin integrity, health conditions, use of specialist equipment and outings into the community.

● Staff knew people well and understood the actions needed to minimise avoidable harm whilst ensuring people's freedoms and choices were respected.

● External health professionals worked alongside the staff team when specialist knowledge was needed. This included physiotherapists, occupational therapists and community neurological team.

● Staff were trained in fire safety, participated in monthly fire drill practice, fire equipment was checked regularly, serviced and in good working order.

●People had personal emergency evacuation plans providing essential information to emergency services in the case of evacuation.

Staffing and recruitment

● The registered manager, prior to our inspection, had notified CQC of staffing challenges due to the ongoing impact of the COVID-19 pandemic on staff absences and recruitment and actions they had taken to minimise impact on people.

● Interim actions included a freeze on admissions, changes to staff deployment and staff working additional hours. This meant people had their care needs met. One relative told us, "Yes I think they employ enough staff. We have never had any difficulty there and we always see the same people".

● People were cared for by staff that had been recruited safely. This included checking applicant's employment history, references, eligibility to work in the UK and carrying out a criminal record check.

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.

● We were assured that the provider was admitting people safely to the service.

● 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Records showed us that processes were in place that enabled learning when things went wrong both at a local and corporate level. This had included revisiting with staff the whistle blowing policy and producing a poster to reinforce understanding so that staff felt confident in speaking up both internally and externally.

● Accidents and incidents were recorded, reviewed and monitored to establish trends and improve outcomes for people. This had included reviewing risk assessments, seeking specialist advice from physiotherapists and occupational therapists and introducing additional equipment such as specialist air mattresses.

Good

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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices. The information had been used to create an initial person-centred care plan.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- Initial assessments included information from the person, their families and health and social care professionals involved in a person's care, ensuring on-going care and support needs could be met.
- Assessments included the use of equipment and technology, including specialist wheelchairs and specialist moving and transferring equipment.

Staff support: induction, training, skills and experience

- People received care from staff that had completed an induction and had on-going training and support which enabled them to carry out their roles effectively. One person told us, "The carers are well trained and professional but also friendly and helpful."
- Training specific to a people's health needs had been provided by community nursing teams and included administering insulin and care of a specialist feeding tube directly into a person's stomach (PEG). A care worker told us, "I felt nervous at first but after the nurse did the whole training you feel much better afterwards."
- Staff had regular supervision and opportunities for professional development which included diplomas in health and social care.

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

- People had their eating and drinking needs understood and met. This included allergies, likes and dislikes, diets linked to health conditions, such as diabetes, and cultural and religious choices.
- We observed people being offered a choice of meals that provided a nutritionally well-balanced diet. One person said, "The meals here are brilliant. We can ask for something else if we want."
- Food presentation was appetising and specialist crockery such as lipped plates and lidded drinking beakers were available to aid independence.
- Where people needed assistance, staff supported at the person's pace with an emphasis on maintaining the person's dignity.

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

● Records demonstrated staff worked alongside other professionals to ensure good care outcomes for people. One example was staff supporting a person with exercises that had been set by a physiotherapist.
● People had a hospital and communication passport that provided essential information should a person need to receive care in a different setting such as hospital.
● People were supported to access community health care services such as dentists and GP's.

Adapting service, design, decoration to meet people's needs
● The building had been adapted to meet people's needs. This included bedroom ceiling hoists, specialist bathrooms and adaptations to aid the independence of people using wheelchairs.
● People's individual space reflected their lifestyle choices, interests and hobbies. A range of communal areas provided opportunities to socialise and join in activities.
● People were able to independently access secure, level outside space.
● Wi-fi and IT equipment was available throughout the home.
● People had access to a call bell system, that included a pendant, so that they could call for assistance from anywhere in the building.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood the principles of the MCA and records showed us legal requirements were met in ensuring people had their rights and freedoms respected whilst providing care and support in the least restrictive way.
● Where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health professionals. Examples included medicine administration, finance administration and going out into the community.
● DoLS had been requested appropriately; there were no authorised DoLs with conditions in place at the time of our inspection. Were people had a Power of Attorney the registered manager understood the legal scope of decision making.
● We observed staff providing choices to people, listening and respecting their decisions.

Good

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 and their families spoke positively about the care provided. One person said, "I can talk to them if I need to; if I have a problem". A relative told us, "They are amazing people (staff). They have enabled (name) to be more themselves. They have given (name) the stability (name) needed to help (name) recover".
- Staff knew people well, including their lifestyle choices and cultural or spiritual needs. Staff assisted people to maintain links with family and people important to them. One relative had written, 'It really feels the care home helps people maintain a (family relationship), and I could not thank you enough for this'.
- Daily records provided examples of staff showing compassion and supporting people with their emotional needs, providing comfort and reassurances when anxious or upset.

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

- People had their communication needs understood which meant staff were able to involve people in decisions about their care. A care worker told us, "I always speak to people, never take away anybody's choice, even if [person] can't speak, {person] can answer with eyes, and signals. Important to be patient with people, don't rush them."
- People felt involved in decisions about their care. One person told us, "I choose what I want to do most of the time." A relative explained, "(Name) will let them, (staff), know what (name) wants - or doesn't ".
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us staff respected their dignity and privacy. One person told us, "I have my own room which I can go to when I feel like it". A relative said, "The staff are very respectful, but will have a laugh with (person) which (person) likes. They respect (person's) privacy if that's what (person) wants".
- Staff understood the importance of supporting people to maximise their independence. A relative told us, "We are so grateful to them. (Name) is blossoming and now has hope for (their) future".
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

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 had person centred care plans that detailed their care needs and choices, were reflective of lifestyle choices, cultural and spiritual needs and understood by the staff team.

● People were involved in reviewing their care plans and setting goals. An example had been a person who wanted to feel more confident on public transport and this had been set as a goal with the activities team.

● Care planning was responsive to people's changing needs. The registered manager told us, "We have a senior meeting every Monday and discuss every resident, any changes etc. The meeting has an action sheet which is monitored and reviewed." Records demonstrated actions were completed in a timely manner and improved outcomes for people.

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's communication needs were clearly assessed and detailed in their care plans and communication passports.

● Communication methods included use of technology to translate languages, information in picture format and large print.

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 with families and friends whilst complying with COVID-19 social rules. Examples had included a visiting pod being installed in the garden and using technology for face to face video calls.

● Links with outside interests were maintained. This included visiting places of worship, attending social clubs and shopping trips. One person told us, "I have been Christmas shopping and I wear a mask."

● People had an opportunity to join in a range of organised activities. One person told us, "(Staff) organise lots of things, quizzes, excursions, music. I spend a lot of time on my computer too. I've done my Christmas shopping on-line this year".

Improving care quality in response to complaints or concerns

● A complaints process was in place and had been shared with people and their families. One relative told us, "We have had some things up in the air in the past, but they were resolved quickly, and we were happy

with the outcome."
● Records demonstrated that complaints were investigated, and outcomes shared, including details of how to appeal against findings.

End of life care and support
● People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural or religious preferences and decisions on whether they would or would not want resuscitation to be attempted.
● End of life care included support from GP's and district nurses in the management of symptoms such as pain relief.

Good

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

● People, staff and families spoke positively about the culture of the home. A care worker told us, "Communication is pretty good, feel supported by the senior staff. Good team morale." Another said, "I've always loved the friendly atmosphere, staff are friendly, approachable, an open culture where you feel able to discuss ideas."

● The registered manager knew people well, was visible and focused on people's rights, choices and individualism. A care worker told us, "(Registered manager) is very person centred." One person said, "The (registered manager) is always helpful and available if I want to speak with her."

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

● The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The registered manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

● Staff spoke confidently about their roles and responsibilities and were clear about their level of decision making. Staff consistently spoke of good teamwork and felt supported in their roles.

● Quality assurance systems and processes were multi-layered and effective at improving quality and performance. Action plans were monitored and included staff accountability, timelines and outcomes.

● Learning was shared with staff and used to improve care. One example had been the setting up of a medicines tracker for when ad hoc medicines were ordered. This had meant staff were able to monitor and track orders so that people got them as quickly as possible.

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

● People, their families and the staff team had opportunities to be involved in the service through both

formal and informal meetings, email updates, quality reviews and a newsletter.
Working in partnership with others
● The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included a local health and social care partnership group and meeting with other managers to discuss learning.