

Burlington Care Homes plc

Burlington Hall Care Home

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 

Overall summary

Burlington Hall Care Home provides care and support for up to 53 people who are physically frail some of whom maybe living with dementia. There were 49 people living at the service when we visited.

The inspection of Burlington Hall Care Home took place on 27 May 2015. It was an unannounced inspection as a result of information the Care Quality Commission (CQC) had received. On this occasion we were unable to substantiate the concerns that had been raised.

The home has a registered manager. '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.'

People were looked after by staff who were aware of how to respond to allegations or incidents of abuse.

The staffing numbers at the service were adequate to meet people's assessed needs.

Summary of findings

The service had a recruitment process to ensure that suitable staff were employed to look after people safely.

Suitable arrangements for the storage and management of medicines were in place.

Staff received appropriate support and on-going training to perform their roles.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived best interest assessments had taken place.

People were provided with a balanced diet and adequate amount of food and drinks of their choice. If required people had access to health care services.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People's needs were regularly assessed and reviewed to ensure that the care they received was relevant to their needs.

There was a complaints process which people were made aware of.

The service promoted a culture that was open and transparent. The management and leadership at the service were visible.

Quality assurance systems were in place and these were used to obtain feedback, monitor performance and manage risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People were protected from abuse and avoidable harm.

There were risk management plans in place to promote and protect people's safety.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People received their medicines at the appropriate times.

Good



Is the service effective?

The service was effective

People were looked after by staff who had acquired the appropriate knowledge and skills to carry out their roles and responsibilities.

Staff obtained consent to care and support for people in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

People were supported to maintain good health and to have access to healthcare facilities if required.

Good



Is the service caring?

The service was caring

Positive and caring relationships had been developed between people and staff.

People were supported to express their views and make decisions about their care and support.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive

The care people received was personalised and appropriate to their needs.

People were encouraged to raise concerns or complaints.

Good



Is the service well-led?

The service was well-led

The culture at the service was positive, open and inclusive.

The leadership and management at the service were visible.

There were quality assurance systems at the service which were used to good effect.

Good



Burlington Hall Care Home

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 of Burlington Hall Care Home took place on 27 May 2015 and was unannounced.

The inspection was undertaken by two inspectors.

Prior to this inspection the Care Quality Commission (CQC) received information of concern relating to the provision of care at the service. We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are

information about important events which the provider is required to send us by law. We reviewed this information to help focus our planning and determine what areas we needed to look at during our inspection. We made contact with the local authority.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, lunch, supper and during individual tasks and activities.

We spoke with six people who used the service, two relatives, four senior carers, three carers, one unit manager, the cook, the operations manager and the registered manager.

We looked at four people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People said they felt safe and protected from harm. One person said, "I feel safe staff look after me." Relatives confirmed that their family members were looked after safely at the service. One relative said, "My [Relative] is safe now that she is living here."

Staff were able to explain what they would do in the event of observing or suspecting abuse had taken place. They told us they had received training and would not hesitate to report a colleague if they needed to. A staff member said, "We have lots of training on abuse. I have never witnessed service users being bullied or treated inappropriately. If I did I would report it to the unit manager or registered manager." Another staff member said, "I can assure you abuse does not happen here. If I witness any form of abuse I would confront my colleague and follow the whistleblowing procedure and report it to the unit manager."

We looked at the service's safeguarding folder and found that the registered manager had acted appropriately when asked by the local safeguarding team to investigate concerns. Investigations had been carried out in line with the provider's formal procedures. We observed people being treated with dignity and respect. Staff spoke to people in a respectful manner; for example, staff listened to them and responded in an appropriate manner. The training record made available to us during the inspection reflected that staff had been provided with updated safeguarding training.

Staff told us that people had risk management plans in place to promote and protect their safety. These included capacity to use the call bells in bedrooms. We saw people had individual risk assessments in place relating to nutrition, outdoor activities, falls, moving and handling and pressure damage and they were regularly reviewed. Where risks had been identified, equipment such as sensor mats, pressure mattresses and cushions had been put in place to prevent the risk of harm. We observed people who were at risks of falls were supervised appropriately by staff.

There were emergency plans in place for flooding, severe weather, major fire, loss of electricity and gas leaks. The registered manager told us that all senior staff were aware of the plans. She also said that arrangements had been

made with another care home in the area should there be a need for the premises to be evacuated; people would have a safe place to stay. We saw there was clear guidance recorded to support staff in the event of an emergency.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People and their relatives said that there were enough staff to meet their needs. Staff confirmed that there were sufficient staff available to meet people's needs. Staff also said that the unit manager or registered manager would always help out if needed. A staff member said, "There are always six staff on the morning and afternoon shift on each unit. It's enough of us to see to the residents' needs."

We saw evidence that people who used the service needs had been assessed and a dependency rating was given. This had been used to determine the staffing numbers. Our observations confirmed that the staffing numbers were adequate and took into consideration the layout of the building. The registered manager was able to demonstrate that the staffing numbers were adequate and staff had the appropriate skill mix, qualifications and knowledge to meet people's individual needs safely.

There were arrangements in place to ensure that safe recruitment practices were followed. Staff were able to explain the service's recruitment process. They all said that they were interviewed by the registered manager and had to apply for a Disclosure and Barring Certificate before taking up employment. The staff files we looked at were well organised and contained all the required documentation such as, proof of identity, two references and Disclosure and Barring Service (DBS) certificates.

People told us staff supported them with their medicines which they received at the appropriate times. Staff told us they had been trained in the safe handling of medicines and that their competencies were regularly assessed. We observed the morning medication round and found that medicines were administered in line with best practice guidelines. We checked a sample of Medication Administration Record (MAR) sheets as well as the controlled drug register. These were fully completed with staff signatures. There were suitable arrangements in place for the safe storage, management and disposal of medicines.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. Relatives told us that staff understood their family members' needs and had the appropriate skills to support them. A relative said, "The staff here are well trained."

Staff told us they received the appropriate training to perform their roles and meet people's needs. A staff member said, "We get good training here. The training is in-house and if you are not able to attend we inform the manager in writing and she would arrange another date." Another staff commented, "I have had lots of training to support me in my role." We saw evidence that staff had received ongoing training in a variety of subjects which supported them to meet people's individual care needs. These included manual handling, dementia awareness, challenging behaviour, equality and diversity, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA) 2005 and fire awareness.

A new member of staff was able to describe the induction training they had received. They told us they worked alongside an experienced staff member until they felt confident to work alone and was provided with monthly supervision, which was now reduced to bi-monthly. The staff member said, "During my induction I was supernumerary. The training was amazing. I got all the support I needed to help me to do the job."

We saw supervision records within staff files. Staff told us they received ongoing support from the unit manager and the registered manager, as well as bi-monthly supervision and an annual appraisal. These had been completed on a regular basis in line with the provider's supervision and appraisal policy. Staff were supported to acquire a recognised national qualification. One of the unit managers told us they had recently enrolled to undertake the QCF (Qualification Credit Framework) level 5 diploma in leadership for health and social care.

The service ensured that people's consent to care and support was sought in line with current legislation. People and relatives spoken with confirmed that consent was obtained regarding decisions relating to their care and support. We observed staff gaining consent from people when assisting them with their living activities.

Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS) and described how they supported people to make decisions that were in their best interests. Mental capacity assessments had been carried out for a variety of issues, including: key code locks on doors, consent to care and to share information. We saw evidence that the registered manager had applied for Deprivation of Liberty Safeguarding (DoLS) assessments to be carried out for a number of people who did not have the capacity to make decisions.

Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place. These had been completed in consultation with the doctor, people and their families if appropriate.

People were supported to eat and drink and to maintain a balanced diet. They told us they were provided with adequate amounts of food and drinks and that they enjoyed the food. One person said, "There is plenty of food I am never hungry." Another person commented, "The food here is okay. My best meal is breakfast. I always have a cooked breakfast daily."

The cook told us that people were regularly consulted about the food menu and their choices. The menu was discussed with them and developed with their involvement. The cook said, "There are always two choices on offer. If people did not wish for the meals on offer, an alternative would be provided." Staff confirmed people had a range of options to choose from and special diets were catered for if required. A staff member commented, "No one would ever starve here, there is always plenty to eat."

The menu was displayed in each dining room as well as on each table. It stated the choice of each course and alternatives. We observed breakfast, lunch and supper. The food looked appetising and tasty. People were assisted to eat their meals if required in an unrushed manner. Some people had special cutlery and beakers to aid independence. A selection of drinks and snacks were offered throughout the day. There was a cool drinks dispenser in the lounge, which was accessible to people. There was a good supply of fresh and frozen foods including fruit vegetables and salads. We saw the stock cupboard contained a good supply of provisions and ingredients.

Is the service effective?

People were supported to maintain good health and to access healthcare services when required.

Staff told us people were registered with a GP who visited the service as and when required. We saw evidence within the care plans we looked at that people had access to the

speech and language team (SALT), the district nurses, chiropodist, dietician, continence advisor and the optician if required. Referrals to other specialists were made via the GP practice. If required people were accompanied to hospital appointments by staff or family members.

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. People and relatives told us they were happy with the care and support provided. One person said, “The staff talk to you in a kind and caring manner. You can’t fault them.” We observed that staff spent time interacting with people and addressed them by their preferred names. They provided people with reassurance by touching and where appropriate demonstrated that they were aware of their diverse and emotional needs.

We saw that people were supported with kindness and compassion. Throughout our inspection we observed staff comforting people and responding to them in a kind, calming and sensitive manner. Staff spoke to people appropriately and gave them time to talk and respond. It was evident from our observations that staff knew people well. They were able to converse about subjects dear to them and provided assistance to them in their chosen way. Call bells were responded to immediately and staff assisted people with their required needs.

The service supported people to express their views and be involved in making decisions about their care and support. Staff told us they involved people and their relatives in planning and reviewing their care. Relatives told us they had been involved in making decisions about their family

member’s care. A relative said, “I have been involved in several reviews of my [Relative’s] care. At the last review I requested she got more assistance with her personal care and this is now happening.”

We saw that people were given the opportunity and were supported to express their views about their care. For example, we saw staff consulting and involving people with their daily living activities.

The registered manger told us no one was using the services of an advocate but she knew how to access one should it be required.

People and their relatives told us they were treated with dignity and respect. Staff were able to describe how they ensured people’s privacy and dignity was respected. A staff member said, “We knock on people’s bedroom doors before entering and always wait to be invited in.” Another staff member commented, “We make sure people are not exposed and doors and curtains are closed when assisting with personal care.” The service had policies in place for staff to access, regarding respecting people and treating them with dignity. All bedrooms were single occupancy, which meant people could be cared for in the privacy of their bedroom.

There were no restrictions on visiting. Relatives told us they could visit at any time. A relative said, “I have visited at 4.00am in the morning when my [Relative] was not well.”

Is the service responsive?

Our findings

The service ensured that people received personalised care that was appropriate to their needs. People and relatives told us that they had been involved in how their care was assessed, planned and delivered.

Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. We saw evidence that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop their care plan. The care plans were personalised and contained information on people's life history and end of life wishes and provided guidance on how people wished to be supported. They were reviewed on a regular basis.

There were arrangements in place for people to take part in social activities of their choice. The registered manager told us the service employed an activity coordinator, but staff had asked to be more involved with activities. To facilitate this she had employed a hostess to do the mid-morning tea trolley and to help take clean laundry to people's rooms. This enabled staff to spend time with people assisting with activities of their choice. On the notice board there was a

list of the activities for the week alongside a list of events taking place throughout the year. These included, visits to the zoo, visiting birds of prey and a BBQ. On the day of our inspection people had been taken to the local coffee shop with support from staff.

Care plans reflected that people received care in a personalised manner. For example, people's care was centred on them as individuals. Staff told us that people were able to bring in personal possessions from home, including beds and wardrobes if they wished to. We found bedrooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

The service encouraged people to raise concerns or complaints. People and their relatives said that they felt able to raise issues. They were confident that concerns were dealt with appropriately and in a timely manner. We looked at the complaints record and found that there were two complaints. These had been dealt with in line with the provider's complaints policy and to the satisfaction of the complainants. We saw that a copy of the complaints procedure was displayed in the service in an appropriate format to make people and their relatives aware of the process.

Is the service well-led?

Our findings

The service promoted a culture that was positive open and inclusive. Staff told us that the registered manager was open and transparent and operated an open door policy and was always available. A staff member said, “The manager is very approachable.” Another staff member commented, “The manager is efficient and always on top of everything.” Staff were at ease when speaking with us.

Staff were clear about the process to follow if they had any concerns about the care being provided and told us they knew about the whistleblowing policy. They said that they would have no hesitation to use it if the need arose.

The service had processes in place to encourage communication with people and their relatives; for example, regular residents and relative meetings were held. This enabled people and their relatives to provide feedback on the care provided and to make suggestions. We saw copies of minutes of meetings held.

The service had a system in place to ensure when mistakes occurred there was honesty and transparency. Senior staff explained when errors occurred they were dealt with appropriately by the registered manager. A staff member said, “If we forget to carry out a task this is pointed out by the manager.” Staff also said that they received constructive feedback from the registered manager. A staff member commented, “It’s such a breath of fresh air working for her. She makes you feel confident.”

There was good management and leadership at the service. Staff told us that the registered manager was always visible at the service. A staff member said, “She leads by example and would assist with personal care if required.”

The provider was meeting their registration requirements. For example, statutory notifications were submitted by the registered person. This is information relating to events at the service that the provider is required to inform us about by law.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. One staff member said, “There is no pressure working here. I look forward to coming to work.” Our observations throughout the inspection demonstrated that staff provided the people who used the service with care and attention. We asked staff about the ‘Mum’s Test’ and they all told us that they would have no concerns in placing a family member in the service as they believed the care that they provided was good.

The registered manager told us that the service had quality assurance systems in place. We saw there was a system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, care plans, and fire safety. Where areas for improvement had been identified action plans were put in place to address the issues requiring attention.