

CLBD Limited

Burham Court

Inspection report

Burham Court
Burham
Rochester
Kent
ME1 3XX

Tel: 01634685025

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17 February 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

We inspected the service on the 17 February 2016. This inspection was unannounced.

Burham Court provides services for younger adults, including people learning, autism and physical disabilities. They provide personal care to people in their own home and support people in the community. The agency provides care for people in the Medway and Maidstone areas. The service provided care to three people in their own homes, one person received care on alternate weekends, another person was provided support on week days and the third person received twenty four hour support and care seven days a week.

The service had 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.

The service provided care to three people in their own homes, one person received care on alternate weekends, another person was provided support on week days and the third person received twenty four hour support/care? seven days a week.

Recruitment processes in place were not being followed by the registered manager, in all cases. On one file view we did not see a police check carried out by the service.

Staff had received training relevant to their roles. Staff had the opportunity to discuss their performance during one to one supervision meetings and had an annual appraisal that discussed their future development and possible further vocational training.

People were protected against the risk of abuse. All staff were trained and recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm.

There were suitable numbers of staff on shift to meet people's needs. People's planned care was allocated to members of staff and at appropriate times.

People were supported to access the community regularly. People were also supported and helped to maintain their health and to access health services if they needed them.

Families told us staff were kind, caring and communicated well with them. People's information was treated confidentially. Paper records were stored securely in locked filing cabinets.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which

included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys. People's views about the service they received were positive.

People were supported to be as independent as possible. Families told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's support needs.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff recruitment. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The recruitment procedures were not always robust.

Staff were knowledgeable about protecting people from harm and abuse.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical support from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Their care and treatment was person centred.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people when they recognised they suffered from loneliness.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

Burham Court

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.

We inspected the service on the 17 February 2016. This inspection was unannounced. We carried out a follow up phone calls to both staff and people's family on the 19 February 2016.

The inspection was carried out by one inspector.

We reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

We looked at records held by the provider. These included three people's care records, risk assessments, meeting minutes, policies and procedures and five staff recruitment records. Some of the information had to be brought to the office from other locations on the day and some items were emailed as we requested. This was due to the fact that staff who work for the agency in the community also work at the residential homes run by the same organisation.

People who we could contact would not have been able to communicate with us therefore we spoke with two family members about their experiences of the care and support provided by the Burham Court. We also spoke with six staff about how they have been supported in their roles as carers.

This is the first inspection of the service since it registered in February 2014.

Is the service safe?

Our findings

Relatives that we spoke with told us they felt their family member were safe with the carers. One relative said I know my daughter is in safe hands. Another family member said "I have no concerns about my son's safety, the staff all know my son very well and what his needs are. I would not leave him if he was not safe in their hands".

The manager told us that staff did not start working alone before all relevant checks were undertaken. Recruitment processes were in place however these had not been followed consistently. Staff files contained completed application forms, items of identity such as passports, a photo, interview notes and offer letters and contracts. However, appropriate checks were not undertaken in all cases. We saw on one of the five staff files viewed that there was no current enhanced Disclosure and Barring Service (DBS) check for that member of staff. There was a copy of a DBS which had been sent for by a previous employer however this was not a type that can be up dated with current information. DBS checks are required to ensure that people barred from working with certain groups such as vulnerable adults are not employed. A minimum of two references were sought but in three of the five files seen there was just one reference, in another file there were no references. This meant some staff were working with people alone who had not been appropriately checked this had left people at risk.

The examples above showed the provider was not following a robust recruitment procedure and therefore people may have had their safety compromised. This was a breach of Regulation 19.3 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of the different types of abuse and how they would report it. Staff had access to the providers safeguarding policy as well as the local authority safeguarding protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training certificates on files showed safeguarding training had been attended. The provider also had information about whistleblowing and a policy as a guide for staff was available.

Within people's support plans we found risk assessments to promote and protect people's safety. These included; accessing the environment, moving and handling, daily routines and infection control. These had been developed with input from the individual, family and professionals where required. They explained what the risk was and what staff needed to do to protect the individual from harm. Risks had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. For example, we saw a risk assessment regarding a person's mobility in bed, and it showed that arrangements had been made for a bed with adjustable heights so staff could assist them safely. Guidance was provided for staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Accidents and incidents were recorded and action had been taken including emailing the person's care

manager and other agencies if required. The registered manager checked these each month to see if there were any patterns and to make sure risk assessments were in place to prevent further occurrence where possible. Staff meeting records evidenced that discussions had taken place in order to learn lessons from accidents and incidents.

Staff had received infection control training, staff told us they had a good supply of gloves and aprons and showed they knew how important it is to protect people from cross infection. One person family said "Staff always clean up behind themselves and leave everything in order".

We asked staff to describe how they gave medication and what documentation they completed. So demonstrated that they administered medicines safely. Medicines were appropriately managed to ensure that people received their medicines as prescribed. There was a clear medicines policies and procedures in place which had been produced in 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. Staff were clear they could only give medicines from a pharmacy filled dosage box or the original pharmacy packaging.

Staff who administered medicines were provided with training and checked to make sure they were competent in administering medicines. Staff spoken with had a good understanding of the medicines systems in place. We checked one person's medicines administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. We saw protocols for medicines that could be given as and when required. The protocols gave staff information about what these medicines could be given for, how often and the total amount that can be administered in a 24 hour period. The MAR records viewed showed that the person had received their medicines as prescribed. This indicated staff were clear about their responsibilities regarding medicines.

There were suitable numbers of staff available to meet people's needs. The staffing roster showed that staff were made available to work with their person in the community. At other times they worked in a care home also owned by the same provider. Staff who were off sick or on training were covered by other staff who people had got to know. This made sure people still received their care and support in a consistent manner.

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to on call person particularly at weekends. The service had an emergency plan which detailed how the service would operate in bad weather. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.

Is the service effective?

Our findings

One Relative told us "The staff appear well trained, they certainly know how to look after my son". "I know they have training to keep them up to date as they have mentioned it". Another relative said "I find the staff very professional, they certainly know what they are doing, they have made such a difference in my daughter's life".

The registered manager told us that staff had an induction when they started work. The registered manager and staff explained that this included shadowing experienced staff for as long as they needed to be confident with the people they cared for. The provider had processes in place to start the new Care Certificate as part of induction, this is training which once completed would go towards recognised vocational qualification in care, staff members most recently recruited had already achieved some sort of qualifications in care including a diploma in social care.

Records evidenced that staff received regular supervision. This was done by one to one meetings, explained how they supported people to maintain independence. For example, one person helps staff to prepare food daily, the person is encouraged to think about what meals they want and help staff to write a shopping list. Staff said "we try to encourage her to make wise choices to make sure she has a balanced diet". They go shopping with the staff to buy what is needed. One person was not going out to much. Staff explained how they manage to get them out into the community. Staff said, "We prepare food for one person we support, they are encouraged to choose each day what they want from what their parent has made available for them".

Staff had received training and guidance relevant to their roles. They received specialised training in meeting the needs of people that may challenge. For example, staff had or were undertaking Proact -SCIP-UK, introductory and foundation course. This gave them the skills needed to handle challenging situations with people effectively so neither staff or the people would be harmed. Staff demonstrated that they had a good understanding of people's health care needs, such as autism and epilepsy. Training records evidenced that staff training attendance was good. For example, all staff had attended training relating to health and safety, moving and handling, food hygiene and first aid training. Therefore people received care and support from staff that had been trained to meet their needs.

Staff received regular supervision, both following observation of their care delivery and one to one meetings which are both recorded. Staff said that they are able to talk about anything they are finding difficult, what they feel they have been doing well. They said they discuss training they have done and training that they need to complete.

The staff and managers have also been having wellbeing meetings regularly which are there to support staff dealing with challenging behaviour. We saw that it had been suggested that some staff may benefit from taking Positive Behavioural Support training. The meetings were for the purpose of supporting staff who sometimes find themselves in very difficult situations. For example we saw that they discussed how seeking support from other behavioural analysis specialists may benefit both staff and the people they care for.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Registered manager explained how they supported people by encouraging them to make simple decisions to start with. For example, if someone required assistance with personal care, they first started by asking and prompting the person to wash their face. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. One person's care plan had been signed by a relative who could indicate that the person did not have capacity to sign and agree to the care they were receiving. The registered manager explained that advocacy services were available and people would be put in touch with these if they so wished. Currently the people being cared for are fully supported by their parents. This meant that if people needed help to make a decision, there was information available to enable them to find appropriate support.

Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans recorded the amount a person had eaten and drunk. The registered manager and staff explained that people would be referred to their GP if there were concerns about their food and fluid intake or if they had lost or gained a significant amount of weight. Where people's primary carer was their parent then staff would explain to them if there were any dietary issues while they were caring for the person.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. The registered manager said for example that people's parents are very involved with their relatives care. Two of the three people who received personal care lived with their parents, so any changes would be discussed with them before the care would be changed. The person who lives alone receives all his assistants from the staff, who also assist them to have trips out into the community. Changes had been needed more recently due to an incident that happened when taking them out in to community by car. We saw that a new risk assessment had been undertaken with the parent and other professionals to keep staff and the person safe. The registered manager explained that staff also call the doctor if needed and arrange transport if they need to go to hospital appointments.

Is the service caring?

Our findings

All of the relatives we spoke to said they were happy with their care and support their family member received and staff treated their family member with dignity and respect and were caring and kind. One relative said "Because of the way staff care for my daughter, she has grown in confidence. Staff have put her first, they give her time to do things and make decisions".

Staff we spoke with told us how they protected people's privacy and dignity. One staff said "I always think about if I got everything I need before I assist someone with personal care, so I don't have to leave the person. I keep people as covered up as much as possible while assisting them with personal care. I make sure their room door is closed and encourage them to wash what they can for themselves. Another staff member told us "I always ask the person what they would like me to help them with, I make sure they do what they can for themselves, and I continue to check that they are happy with the assistance I am giving. This showed staff maintained people's privacy, dignity and independence.

Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us staff gave people time to make choices to ensure people who were able remained in control of their day to day lives.

People's personal histories were detailed in their care files which enabled staff to know and understand people and their past. Staff knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them accordingly. The staff were able to talk about a person's preferences, how they communicated and how they made sure the person was consenting to any care being provided. This showed that staff supported people based on their involvement, choice and preference.

People and their relatives were involved in care planning. People's care plans detailed what type of care and support each person needed in order to maintain their health and wellbeing. Daily records evidenced that people had received their care and support as in their care plan. The daily records showed staff had delivered the care however these would be improved if staff had documented more details. In this way would have been able to see that people's care had been flexible and staff had actively encouraged independence and choices. For example, one staff member told us "I always ask the person to do what they can themselves, to make sure I promote their independence", but they had not recorded what the person had been able to do themselves.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored in their own homes and securely in lockable cupboards within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

Families told us that they were involved in decision making about the care and support needs of their relative. They said that they were also involved in any changes in the care and support needs. One family member told us they found the service and staff flexible and responded well when changes were needed. They said that their care and support needs were reviewed six monthly with them by Burham Court. Every year they said there had been a review which included the local authority care manager. One family said that this had happened and staff from Burham Court had been there.

Families knew how and who to complain if they needed to. One parent told us "I would start by speaking to the manager. I had information like that when we first started using the agency. If I remained unhappy I would go to the care manager. However, I doubt that would be necessary, communication is very good and any issues are dealt with straight away". Another said "I know how to make a complaint, but I have not had to, least little concerns are dealt with straight away, so I have no concerns about that". The complaints policy showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included the chairperson of the charity committee and the local government ombudsman (LGO). The registered manager said that they had received compliments about the service, but these had been verbally.

The registered manager told us that when they started to provide support for someone they always ensured that a care plan and risk assessments were in place and they had all the information needed to provide care and support. They explained that they conducted an assessment visit prior to the care package starting. During assessments, people and their family were asked if they would prefer a male or female staff member and their preference was noted and respected. The care plans were discussed with staff each month to make sure the person's needs were being met. People's care records contained care plans, risk assessments, and care reviews. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. Six monthly reviews were also carried out with people and families to determine whether they were happy with the care package that they received and whether any changes would be beneficial.

People were encouraged to provide feedback about the service at care reviews. People had not yet been sent surveys, but that was happening soon. As this is a new service the registered manager had plan for surveys to go out next month. They said the results would be used to improve the service.

The provider contacted other services that might be able to support them with meeting people's health needs. These included calls to the person's GP and assistance to visit consultants. This demonstrated the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans when appropriate. There were records of contacts such as phone calls, reviews and planning meetings. This showed that each person had a professional's input into their care on a regular basis.

Is the service well-led?

Our findings

Families said that they had found the service to be well managed. They told us that they knew who to contact in the service if they needed to and they confirmed they were asked for their views about the service. Relatives said that information from the service was clear and easy to understand. One family member said "The communication is very good; I know if there are any issues, I know I am going to be contacted straight away". Another family member said "Staff always keeps me well informed, communication is there strong point".

All of staff we spoke with told us they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were confident that the registered manager would record and pass on any information appropriately if necessary. The service had a clear management structure in place; the registered manager understood the aims of the service and promoted them to the staff team. The management team encouraged a culture of openness and transparency. Their values included an open door policy meaning anyone who wanted to bring something up with them just had to walk through the door and ask. In this way management were being supportive of staff and people, respecting each other and open communication. For example, one staff member told us, the manager is easy to talk to and there is always someone on call if they need to speak to someone urgently. Staff benefited from this culture and were complimentary about the support and understanding they got from the registered manager. Another staff member said, "The manager has been very supportive I have had a few problems and they have given support and continue to support me". Another staff member said it a really nice company to work for, we are supported to put people first.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and saw that staff had been observed caring for people as part of the supervision process. We spoke with the registered manager about these checks and they said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. Staff were clear about their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager supported all the frontline staff.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would

tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found that not all staff had a DBS, a police check, undertaken by the service. We also found that not all staff had two written references.</p>