Burlington Care Limited

Figham House

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

Figham House is a care home for up to 55 older people who may also be living with dementia. The home provides residential and nursing care. There are two floors and bedrooms are located on both floors. On the day of the inspection there were 50 people living at the home and one person having respite care.

At the last inspection in February 2015, the service was rated as Good. At this inspection we found that the service remained Good.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited. People told us they felt safe living in the service.

Staff continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, compassionate and patient. They respected people's privacy and dignity and encouraged them to be as independent as possible. Care planning described the person and the level of support they required. Care plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

People and their relatives told us they were aware of how to express concerns or make complaints, and that any complaints they had made had been dealt with in a satisfactory manner. People were also given the opportunity to feedback their views of the service provided.

The feedback we received about the registered manager was positive. We were told they led the team with a pro-active and transparent style of management and that they went 'over and above' their duties and responsibilities. They carried out audits to ensure people received good quality care that enhanced their general well-being.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Figham 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 checked 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.

This was a comprehensive inspection that took place on 21 February 2017 and was unannounced. That meant the registered provider did not know we would be inspecting. The inspection was carried out by an inspection manager and an adult social care inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We also received feedback from two health care professionals. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with eleven people who lived at the home, four relatives, five members of care staff, the registered manager and the registered provider. We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for four people who lived at the home, the recruitment and training records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "I feel safe. At night I sometimes wake up in pain. If I buzz someone comes quickly and the nurses help me." A relative said, "Very safe – definitely. Staff are amazing."

When risks had been identified following care needs assessments, action was taken to minimise potential risks without undue restrictions being placed on people. We saw risk assessments in respect of weight loss, choking, bathing / showering, catheter care and the risk of falls. When people had been identified as at risk of falls, advice had been sought from healthcare professionals about how to assist people to mobilise safely. We observed that staff used equipment safely and appropriately when assisting people to mobilise.

People had been provided with equipment such as pressure relieving mattresses to reduce the risk of them developing pressure sores. When they required assistance to change position to reduce the risk of pressure ulcers developing, this was recorded in their care plan.

The registered manager told us all staff had completed training on how to use low level restraint to protect people from the risk or harming themselves or others. Staff had also received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they would not hesitate to use the home's whistle blowing policy.

One person mentioned staff did not always answer the call bell as quickly as they would like. However, other people we spoke with told us staff responded promptly when they used the call bell. One member of staff said, "You can always do with an extra member of staff" but overall staff told us they were satisfied with the number of staff on duty and felt this enabled them to provide good care. On the day of the inspection we observed there were sufficient numbers of staff on duty.

Some people expressed concern about the recent change to staff rotas, as they felt staff seemed to be tired. We determined that shifts had been reduced from 15 hours to 12 hours and the registered manager told us this had no impact on the number of staff on shift each day. Rotas evidenced there were always two nurses on duty and that any staff absences were covered by permanent staff; agency staff were not used. The registered manager, a team leader or a clinical lead were 'on call' to offer staff support 'out of hours'.

We checked the recruitment records for two members of staff. These records evidenced that references and a Disclosure and Barring Service (DBS) check were in place prior to people commencing work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and adults. This meant that only staff considered safe to work with people who may be vulnerable had been employed by the service.

We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of

them, administered on time, recorded correctly and disposed of appropriately. Audits were carried out and any shortfalls were recorded in an action plan; staff were informed so that corrective action could take place.

Accidents and incidents were recorded and analysed each month to identify any patterns that might be emerging or improvements that needed to be made.

There was a contingency plan that provided advice for staff on how to deal with unexpected emergencies, and each person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises. Fire drills were undertaken to ensure people knew what action to take in the event of a fire.

People told us the home was well maintained and kept clean and we observed this on the day of the inspection. A relative told us, "There is never an odour. It's one of the reasons we chose the home." There was prevention and control of infection policy in place and all staff had completed training on this topic. An infection control audit had been carried out in October 2016 and any actions required had been recorded.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. This included the fire alarm, fire safety equipment, the passenger lift, mobility and bath hoists, the electrical installation, portable electrical appliances and gas safety. Weekly and monthly checks carried out by the home's maintenance person were clearly recorded.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

We found staff had a good understanding about people's rights and the importance of obtaining people's consent to their care. It was clearly recorded when decisions had been made in the person's best interest when they did not have the capacity to make the decision themselves. A health care professional told us, "Residents are given choices, even if they don't have capacity. A variety of different approaches are used by staff to ensure each resident is able to participate as much as possible in their own decision making."

New staff received induction training when they were new in post. They shadowed experienced staff and were allocated a mentor as part of their induction training. When they had completed the home's induction process, staff were awarded the Care Certificate. The Care Certificate was introduced by Skills for Care, and is a nationally recognised set of standards and training that staff new to working in care are expected to work towards. Nurses were supported to keep their practice up to date so they could retain their registration with the Nursing and Midwifery Council (NMC).

Training records showed staff had completed training on the topics considered essential by the registered provider, including fire safety, moving and handling, dementia awareness, safeguarding adults from abuse, health and safety and infection control. Other training offered to staff included food hygiene, MCA / DoLS, end of life care and non-abusive psychological and physical intervention (NAPPI). This trains staff on low impact restraint and the use of diversional techniques. People told us that staff had the skills they needed for their role. One person said, "I couldn't do their job. Staff are wonderful. They have lots of patience."

We saw evidence that staff received regular supervision and an annual appraisal. This meant staff had the opportunity to meet with a manager to discuss any concerns and their development needs.

People who received nursing care were supported by nurses employed by the service. People in receipt of residential care were supported by community nurses. Everyone who lived at the home had access to other health care professionals such as their GP, occupational therapists (OTs), physiotherapists and speech and language therapists (SALT). We saw any advice sought from health care professionals had been incorporated into care plans. People also had an oral hygiene care plan in place that assessed and monitored the health of their teeth, mouth and gums.

People's special dietary requirements, likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. When nutritional risks had been identified, food and fluid charts were used to monitor food and fluid intake. These had recently been audited by the registered manager to ensure staff were completing these effectively.

We observed the serving of lunch. People were assisted appropriately by staff to eat and drink to ensure they received sufficient amounts. Some people had plate guards so they could eat their meal independently.

People told us there was ample choice on offer but we received varying feedback on the quality of meals. Some people reported the quality was good, whilst others felt the quality of the food could improve. One person said, "Sometimes the meat is not good quality and the vegetables could be cooked more." Snacks were available for people in the lounge throughout the day, and we observed that people were encouraged to eat and drink.

People told us they did not have problems finding their way around the home. A member of staff said, "We now have more signage to help people. Some people have photographs on their doors." Colour was used to help people recognise their bedroom door and equipment in the toilet. An 'old fashioned' bar had been created in one communal room, and the hairdressing room looked like a hairdressers. This helped people to recognise the purpose of these areas of the home. Décor in general was relaxing and calm. An extension was being built at the time of our inspection and this would provide additional outdoor space.

Good

Is the service caring?

Our findings

We observed that staff were caring, considerate and patient. One person told us, "I get very good nursing care here all the time, day or night." Comments from relatives included, "The majority of staff are good and really care. The senior staff are absolutely excellent" and "I cannot commend them enough." Another relative described "The wonderful attitude of the staff."

People had been allocated a key worker. A key worker is someone who takes a special interest in the person and is their main link with the staff group. The registered manager told us that they and one of the team leaders were going to be key workers for people so they could 'lead by example'. One person told us, "I have a wonderful key worker who will sit and talk with me. She helps me tidy up, sorts things out. She is really nice to me."

Staff completed training on privacy, independence, choice, confidentiality and person-centred support during their induction period. One person told us, "Staff help me in a way that is private. I'm not embarrassed." Relatives told us that staff respected privacy and dignity. Comments included, "When I am visiting and they are changing or turning [name of relative] they ask me to leave the room. They draw the curtains and close doors." One person told us they had requested that only female staff assisted them with personal care and this had been adhered to.

Relatives told us that staff promoted people's independence. One relative described how staff assisted their family member to walk a few steps when they had become immobile, and another relative said that staff encouraged their family member to walk with their frame.

Information about the latest news and weather was displayed on the home's notice board and some people received a daily newspaper. A relative told us they were kept informed about their family member's well-being, and that they received a regular newsletter. They said they were always made welcome at the home. They described the home as "Warm, caring, clean – just nice."

People who lived at the home were involved in staff recruitment, both at the interview stage and during the person's probationary period. This involved them in making decisions about some aspects of how the home was operated.

Some people had been appointed an Independent Mental Capacity Advocate. IMCAs provide support for people who lack the capacity to make their own decisions and have no-one else to represent them. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

At the time of our inspection, staff at the service were providing care and support to people who had protected characteristics (age, disability, gender, marital status, race, religion and sexual orientation). We were told that those diverse needs were adequately provided for. The registered manager confirmed that people's sexuality was considered and respected.

People's wishes for their end of life care were recorded in their care plan; this included whether they wished to remain at the home or go into hospital at the end of their life. Some staff had completed training on this topic. A relative whose family member had received end of life care at the home told us, "The care was brilliant. The staff checked them every hour."

Good

Is the service responsive?

Our findings

Relatives told us they were consulted about their family member's care needs when they moved into the home. This information helped staff at the service to develop an individual plan of care. We checked the care plans for four people who lived at the home. We found they included information that described the person's personality, individual care and support needs and their previous lifestyle in a document called 'This is who I am'. Another 'life map' document recorded information such as significant people in the person's life and their interests. Any specific nursing interventions that the person required were clearly recorded in their care plan so that this information was readily available for nursing staff.

Care plans were reviewed each month by staff and more formal reviews were held with commissioners and relatives periodically. This provided an agreed and up to date record of each person's care needs. Daily handover meetings ensured staff were kept up to date with people's current care needs. A health care professional told us, "Care records are always up to date, with detailed analysis of physical and psychological care requirements."

People's individual wishes were taken into consideration. One person had their bedroom decorated with the same wallpaper as their own home to help them to settle in and feel safe. Another person has had Sky TV fitted in their room. Other people had brought their pets into the home.

When people displayed behaviour that could put themselves or others at risk of harm, advice had been sought from health care professionals about how best to manage the behaviour. This was recorded in the person's care plan so it was available for all staff to follow.

Staff recorded in care plans any contact they had with people's relatives, including keeping them up to date on the person's health and well-being. One person told us, "I can have visitors when I like. They come any time. Very free and easy." A member of staff told us they took the telephone to people so they could talk to their relatives.

There was an activities coordinator at the home six days a week. They showed us a record of the activities planned each day, and the activities log that recorded activities that each person had taken part in. The activities coordinator told us they also spent one to one time with people who did not want to join in group activities. The activities were advertised, including in picture format, and we saw they included poetry reading, baking, nail care, a visiting hairdresser, religious services and trips out. People told us they had enough to do to occupy themselves. One person told us, "The activities lady asks me every day what I want to do." A relative told us, "I see activities taking place every day."

One person told us, "I don't think I would ever have a complaint. My health has improved since I have lived here." A relative described some concerns they had with their family member's care. They said they had mentioned this to the registered manager and the issues had been resolved immediately. Complaints were recorded, audited and any identified actions had been carried out. The home had received compliments from the relatives of people who had received care at the home. The home had received referrals from

people who were interested in moving into the home as a result of other family's recommending them.

Good

Is the service well-led?

Our findings

There was a manager in post who registered with CQC in June 2015. 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.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed in the home, as required.

We found the registered manager notified the Care Quality Commission and other agencies of incidents which affected the welfare of people who used the service. Our records showed us notifications had been received regarding incidents which had occurred and what action had been taken by the home.

People told us they could talk to the registered manager if they needed to. One person said, "I would talk to [name of registered manager] and she would definitely listen." A health care professional commented in the home's satisfaction survey, 'Figham House is well managed and led by the home manager, who is extremely kind, caring, helpful and pro-active.' A relative told us the registered manager was very professional and that "Nothing was a bother" when their family member moved into the home.

Staff told us they were happy with how the home was managed. One member of staff said, "I'm happy with [name of registered manager]. She is efficient and gets things done. There have been lots of changes for the better."

It was clear that the registered manager was proactive about supporting people who lived at the home and their relatives. She had taken one relative who was anxious about their family member's well-being out for a meal so they could chat about things away from the home. She had also taken her own iPad into the home so that relatives could use 'FaceTime' to speak to their family member. A relative told us that the registered manager and other senior staff had helped them come to terms with their family member's illness and how much they appreciated this. They felt they had gone 'over and above' their role. The registered manager had taken people who lived at the home Christmas shopping and to vote, in her own time.

The registered manager carried out quality audits to monitor that the systems at the home were working effectively and that people received appropriate care. These included audits on care plans, weight records, falls, monitoring charts and a 'compliance audit'. The compliance audit covered health and safety, reportable incidents, staff training, consent, wound management, food / fluids charts and complaints. The registered manager confirmed that any actions required were followed up in the next month's audit to ensure they had been completed. They told us they periodically visited the home unannounced during the night so that she could check the night staff team were adhering to the home's policies and procedures.

There was a person-centred culture at the home. Four words were on display that were used to describe the values of the service. These were compassionate, approachable, respectful and enabling. The registered manager described the culture as "We look after people like we would look after our family. We are compassionate and we support each other. I hope people who live here feel loved." A member of staff described the home as "Homely, friendly, lovely – I really believe this. I like them [the people who live here] and they like me and that creates a happy atmosphere."

People described to us how the registered manager had gone 'over and above' to ensure people were at the heart of the service. One person who had recently moved into the home was desperate for their dog to come to live with them, and their dog was due to arrive on the day of our inspection. Another person already had their dog with them. One person had difficulty settling into the home and the registered manager had suggested that their bedroom be decorated with the same wallpaper they had in their lounge at home. This had made a real difference to the person and had helped them to feel 'at home'. One younger person liked to spend time in their own room and Sky TV had been installed to give them more choice of TV programmes.

Staff meetings were held on a regular basis and staff told us they had the opportunity to express their views at these meetings. Minutes evidenced that meals, quality assurance, fire procedures and monitoring people who lived at the home were discussed. A member of staff told us that staff talked openly when things went wrong. They said, "Things are better out in the open and we implement things to try to make sure the same mistake isn't made again." Another member of staff told us, "We have group supervisions to look at lessons learnt'. There were plans in place to introduce 'link' staff and it will be their role to gather information about a specific topic that they are interested in, and share this at staff meetings.

People and their relatives had the opportunity to express their views on the care and support provided via satisfaction surveys and at monthly 'resident / relative' meetings. One person told us, "The residents meetings are good. We get listened to – there may be issues with food or laundry." Surveys were also distributed to health and social care professionals in September 2016. The results were analysed and an action plan produced to address any areas that required improvement. Comments included, "Carers have always been very helpful. They appear caring and attentive to residents" and "Staff are always friendly and attentive."

People who lived at the home were involved in the interviewing of new staff. This gave them a say in how the home was operated.

The home had received a cash donation from one family to thank staff for the excellent care their relative had received. The family had recommended the home to other people, and following that, they had received two enquiries from people wishing to move into the home. A member of staff said, "I would recommend this home to my colleagues. I wouldn't hesitate to move a member of my family in here." Another member of staff told us that they had wanted their relative to move into the home but unfortunately there had been a waiting list at the time.