ABC Care Home Ltd

Burnside Court

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

This unannounced inspection took place on 29th July and 1st August 2016. The home was previously inspected in August 2014 and the home was meeting the regulations we looked at.

Burnside Court is a residential home in Paignton, Devon providing accommodation and care for up to twenty six people. People living at the home are older people, most of whom were living with dementia. On the day of our inspection, twenty three people were living at the home. Accommodation was provided over three floors, accessed by lifts and stairs. All bedrooms had en-suite facilities. The home had an attractive garden, and a small patio and car parking area.

The home 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 and associated Regulations about how the service is run.

On the first day of our inspection Burnside Court were holding their annual BBQ party. We had the opportunity to speak with people, friends and relatives about the care at the home. Without exception everyone we spoke with had nothing but praise for the kindness and care shown by staff at Burnside Court. There was a real family atmosphere and it was evident that staff considered the people they supported and their families, as friends.

People told us that they were happy and felt well cared for. It was clear to see that people were comfortable living at Burnside Court and really felt they were at home. People's care was personalised and detailed, and it was evident that staff knew people they were supporting very well. We saw them interacting with kindness and compassion. People and their families described management and staff as caring, respectful and approachable. The families we spoke with had regular contact with the registered manager.

People told us they felt safe, and we found that the registered manager had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in relation to safeguarding vulnerable adults. Staff were knowledgeable about how to recognise and report abuse. We saw risk assessments in place regarding risks associated with people's care. These explained how people's care should be delivered in a safe way and how to reduce any risks involved.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty applications had been appropriately made. For people who were assessed as not having capacity, records showed that their advocates or families and other health professionals were involved in making decisions in their best interests.

Staff had been recruited appropriately to ensure they were suitable to work with vulnerable adults. People

who lived at the home, families and staff told us there were sufficient numbers of staff on duty at all times.

Staff knew how to meet people's needs. Records showed they had a thorough induction and on-going training to help ensure they had the skills and knowledge they needed to provide effective care. We saw staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their work, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

We looked at the way in which the home managed people's medicines. Medicines were secured safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the on-going safe management of medicines. Safe systems were in place to manage medicines so people received their medicines at the right times.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences. The care plans were person centred and contained detailed information, setting out exactly how each person should be supported to ensure their needs were met. Care plans were reviewed regularly.

People told us they were satisfied with the meals. We saw that people were offered a nutritious and balanced diet which met their needs. People had a good choice of food and were served drinks and snacks in-between meals. We observed lunch being served and some people required assistance from staff to eat their meals. This was provided in a caring and unrushed manner.

Risks to people from malnutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. For example, where people had been assessed as being at risk with regards to their nutrition, we saw appropriate referrals were made to Speech and Language Therapy (SALT) and pureed diets were then provided. Staff ensured people obtained advice and support from other health professionals when their health needs changed. We saw care plans showed when professionals had been involved in people's care and referrals were made to other professionals when required.

People and relatives were asked for their views about the care provided and informed how to make a complaint or raise any concerns. These were acted on and used to make improvements for people's care when required.

The registered manager's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

We made one recommendation to the provider to ensure on-going commitment to the refurbishment of the home.

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.

Care plans recorded risks that had been identified in relation to people's care. Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medicines were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People's records showed how the principles of the Mental Capacity Act 2005 (MCA) had been applied when a decision had been made for them. Deprivation of Liberty Safeguards (DoLS) processes had been appropriately applied.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting peoples' choices and independence

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported. People were supported by kind and caring staff who showed patience and understanding when supporting them.

All of the people we spoke with told us that they were happy and felt well cared for. Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People were involved in decisions about their care. Staff engaged people in all decisions they were able to make and encouraged people's independence. People's care plans contained information about what they were able to do for themselves and how staff should support them.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was

keen to further improve the care and support people received.

Burnside 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 was 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 unannounced inspection took place on the 29th July and 1st August 2016 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider had completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We contacted the local authority, Quality and Improvement Team and Healthwatch Devon who provided information about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted. To help us understand the experience of people who could not talk with us due to living with dementia, we spent time carrying out a Short Observational Framework for Inspections SOFI. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. During the inspection we met with everyone living at the home and spoke with seven people. We also spoke with eight relatives who were attending a BBQ. In addition, we spoke with the registered manager, deputy manager, the cook and four staff members.

We looked at the care plans, records and daily notes for three people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check that the

home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Burnside Court. One person said, "I'm very safe. There are people here. You are always surrounded by people". Another person told us, "The homely feel makes me feel safe. I have no worries about security." A third person said, "It's like being at home." A relative told us, "Yes I do think [name] is safe, there is always someone around". Another relative said "I feel relieved that [name] is in safe hands and well looked after by all the staff".

People were protected from the risk of abuse. The home had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person was at risk of abuse. Staff understood people were at risk of abuse due to their dependency on staff. Staff were aware of different types of abuse people may experience, how to recognise potential abuse and the action they needed to take if they suspected abuse was happening. They told us they would report any concerns to the registered manager or senior person on duty and were confident it would be dealt with. Staff were aware of the safeguarding and whistle-blowing policy.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, risks in relation to nutrition, falls, pressure area care and moving and handling were assessed and plans put in place to minimise the risks. The plans were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. The risk assessment's balanced protecting people with respecting their freedom. One person did not like the puree diet recommended to them by the Speech and Language Therapy (SALT) and chose not to eat it. This was their preference and staff had drawn up an individualised risk assessment in relation to this. We saw that people had appropriate equipment in place, where required, such as mattresses and cushions designed to minimise the risk of developing a pressure ulcer. We also observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people giving encouragement and reassurance where needed.

Safe and effective recruitment practices were followed to make sure staff were of good character and suitable for the roles they performed at the home. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

We saw that on the day's of the inspection there was sufficient staff available to meet people's needs. We observed staff were attentive to people's needs. People received care and support in a calm, patient and relaxed manner from staff who were unhurried and able to spend time and interact with them in a positive way. Call bells were answered promptly and people were not kept waiting when they asked for assistance or support with personal care. One person said "I can't complain, there is always someone around if I need them." A relative told us, "There is enough staff about when I visit." One relative told us that they were happy with the staffing and there was always a staff presence in the communal lounge to help people. Staff told us and records confirmed, there were sufficient staff on each shift to meet people's needs. Staff sickness or

absence at short notice, was covered by staff employed by the home. We looked at staffing rotas which reflected this. Dependency assessments were not used to assess the minimum levels of staff required. The registered manager told us they knew people's needs and assessed staffing levels on a daily basis and would respond to any change in dependency by increasing the staffing.

Medicines were managed and administered safely. We looked at Medicine Administration Records (MAR) and observed a medicines administration round. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. People had individual MAR which included their photograph, name and information such as any allergies. The records showed people were having their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines, were recorded. As required medicines (PRN) were recorded on MAR and signed for by staff when administered. There was individual guidance in place for staff on when to offer people PRN medicines. We observed staff asking people if they needed their PRN medicines for example, checking if they were in any pain.

Records showed all staff who administered medicines had the appropriate training and their competencies were reviewed. The registered manager carried out monthly audits to check the administration of medicines were being recorded correctly.

Medicines were stored securely within a locked trolley and kept in a locked room. This area had a wall thermometer and records showed the temperature of the room was checked daily. This was seen to be within the recommended storage range for medicine. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature, and so would be fit for use.

Procedures were in place for recording and monitoring incidents and accidents to minimise the risk of reoccurrence. The registered manager completed monthly care plan reviews which looked at risks, accidents and incidents and considered possible trends or triggers to minimise risks to people. Preventative action had been taken, for instance, providing a sensor mat and a lower level bed to minimise the risks of a person having further falls.

We observed that the home was clean and well-maintained. However, we did notice that two bedroom's had an unpleasant odour. We discussed this with the registered manager who told us that these room's had not yet been cleaned or aired that day and this would be addressed immediately. On our second day, we returned to the room's to find that they were clean and free from unpleasant odours.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis. Records showed regular servicing had been undertaken of fire equipment and systems, portable appliances and gas appliances. The home had a contingency plan for emergencies and each person had an individual plan for their safety in the event of needing to be evacuated from the home.

Good

Is the service effective?

Our findings

People were supported by a staff team that had the appropriate skills and knowledge. People were positive and complimentary about the staff who worked at the home. One person told us, "The staff here are top notch." Another person said "They're lovely, they take care of us".

People were cared for by staff who were trained to provide effective care. Staff used a range of training to develop the skills and knowledge they needed to meet people's needs. We saw that staff had undertaken a significant amount of training in key areas such as first aid, moving and handling, hazard identification and risk assessment, fire safety, principles of diet and nutrition and supporting people living with dementia. Staff felt well trained and had the necessary skills and knowledge to carry out their roles effectively. One staff member said "I'm always doing training. You never know everything and you need to keep up to date as it is changing constantly". Staff had also completed varying levels of recognised qualifications in health and social care. For example, the provider information return (PIR) told us that all staff were encouraged to complete the Qualifications and Credit Framework (QCF). The Qualifications and Credit Framework (QCF) is a new credit transfer system that has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits. All staff were enrolled on the care certificate. The Care Certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate care which is responsive to people's needs.

Staff had completed an induction programme when they had first started work at the home. They described how they had been given training, such as moving and handling and safeguarding during their induction and had shadowed a more experienced member of staff. Staff felt supported by the registered manager and received regular supervision. During supervision, staff had the opportunity to sit down in one-to one sessions with their line manager to talk about their role and discuss any issues. The registered manager told us they used supervision as an aid to learning. They would cover a programme of topics such as medicines management, hand washing and infection control and staffs understanding of The Mental Capacity Act 2005. These sessions would include self assessment to test staffs knowledge and understanding. Staff also had an annual appraisal of their work performance. One member of staff said "The manager is so supportive." Another member of staff told us "They always find time to see how you are and if there's anything you need".

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. The application procedures for this in care homes are 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 were being met.

It was evident that the registered manager and staff had an understanding of the Mental Capacity Act 2005. Staff confirmed they had received training and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. We saw and heard staff seeking people's consent before they assisted people with their care needs. We saw staff took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices and how to provide this support. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health care professionals and family members would be involved in making a decision in the person's best interest. People's care plans showed when decisions had been made in people's best interests when people were unable to make a particular decision about their care and treatment. Examples of decisions being made in people's best interests included the need to receive prescribed medicines and to ensure people's safety by using an alarm mat or bed rails.

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We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the required applications had been made to the local supervisory body for DoLS in line with the legislation. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health care professionals and family members would be involved in making a decision in the person's best interest. People's care plans showed when decisions had been made in people's best interests when people were unable to make a particular decision about their care and treatment. Examples of decisions being made in people's best interests included the need to receive prescribed medicines and to ensure people's safety by using an alarm mat or bed rails.

Specific behaviour management plans were in place which provided guidance for staff to follow when people displayed behaviours that may challenge people. On a number of occasions we saw staff using distraction techniques and their knowledge of people's family lives or their hobbies and interests to re-direct people and successfully avert any potentially challenging situations.

People told us they were satisfied with the food and drink they were offered. One person said "I love it, we get good food". Another person told us, "I have enough to eat and there is always a choice. If you don't want what is on the menu you get something else". Another person said they were vegetarian and the cook always made sure they had something nice to eat. "They cater for me, I have what I want to eat". Relatives told us "[name] is well fed and the food looks good quality and well cooked". Another said "I am entirely satisfied, the food is always fine".

We observed lunchtime experiences for people to be a sociable and an enjoyable experience. People were supported to have enough to eat and drink. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. We saw staff encouraging people to make choices and offering people alternatives. Where people needed extra support with their meals this was offered. For example, some people needed staff to sit with them so that they could be prompted and supported to eat their food safely. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond.

We spoke with the cook who was preparing the food during the inspection, and they had knowledge of everyone's food preparation needs and understood about providing a fresh nutritious diet for people. All of

the food was homemade and looked and smelled appetising. People's preferences and menu suggestions were listened to and the menu's altered where ever possible. For example, the cook told us about one person who expressed a love of gammon and parsley sauce. This was listened to and put on the menu. We observed staff asking people if they enjoyed their meals and saw the cook spending time with people encouraging them to voice their opinions in order for their meals to meet their individual preferences. Staff understood people's particular dietary needs, such as diabetic diets and their known likes and dislikes and made provision for high calorie food and drinks for those at risk of losing weight.

People's nutritional needs were met because assessments had been completed and when needed, people had been referred to the appropriate professionals for advice. Risk assessments were completed when a risk to a person had been identified, such as a risk of malnutrition. These were detailed and clear and guided staff in how to minimise the risks to people. For example, one person had lost weight prior to our inspection. Staff had identified this and had referred this person to a dietician and a speech and language therapist. An action plan was drawn up which included high calorie drinks and high calorie snacks and foods. Staff had used the guidance provided to them by external professionals and were monitoring their food and fluid intake. This person's nutritional care was being reviewed regularly and staff told us this person was starting to gain weight. Records confirmed this. We saw that where people had difficulties in swallowing food, soft and pureed meals were available. We saw equipment including plate guards were available to promote people's independence and safe eating practice. We saw that the home monitored peoples' weights which enabled them to identify any significant changes or potential risks to people's diet and/or physical health.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, chiropodists, and dentists. People were referred to outside professionals without delay and the advice provided by these professionals were listened to and used to plan people's care. One relative told us about how quickly staff had responded to their relative's injured leg by asking a visiting community nurse to look at it. This ensured that the person had immediate medical attention resulting in the injury healing faster.

People's bedrooms were personalised with pictures, photographs and personal ornaments. The registered manager told us that people were encouraged to bring personal items and furniture in to their rooms to make them feel more at home. Individual bedrooms had doors with photographs or pictures that people had chosen to help them identify their room. We saw easy to read pictorial signage was used throughout the home to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms, and communal areas. Walls were decorated in contrasting colours from the floor coverings to make the environment more suitable for people living with dementia. We observed there were handrails throughout the home to help people with mobility needs.

Most of the relatives we spoke with said they were happy with the environment, commenting, "The environment is of a lovely nature. It's fresh and bright and offers a cosy setting for the residents". Some relatives said they felt that the home and gardens were looking dated and needed some attention. One relative said " The care is absolutely beautiful, the building, not so good". We saw the home's communal areas were pleasantly decorated in a homely style with a choice of two lounge areas for people to sit. However, we saw that some bedrooms would benefit from re-decorating and some carpets in bedrooms were heavily stained. We spoke with the registered manager about our observations and comments from relatives. They told us that re-decorating was an on-going commitment they keep the home looking fresh and clean. They were currently freshening up people's bedrooms with new pictures and themes that people enjoy. The registered manager told us that they had plans for a major refurbishment of the communal garden to make it suitable and attractive for people to use.

We recommend that the provider's commitment to on-going refurbishment and re-decoration be kept under review to ensure that they respond to people's needs and wishes and provide a comfortable and attractive home.

Good

Is the service caring?

Our findings

On the first day of our inspection Burnside Court were holding their annual BBQ party. We had the opportunity to speak with people, friends and relatives about the care at the home. Without exception everyone we spoke with praised the kindness and care shown by staff at Burnside Court. There was a real family atmosphere and it was evident that staff considered the people they supported and their families, as friends.

All of the people we spoke with told us that they were happy and felt well cared for. Comments included, "I really like it here. They are good at tending to me, anything I want, they get it" and "The way the staff look after me is wonderful. They always look out for me". A visiting relative told us, "I am very happy with the care [name] receives here and I am confident of the excellent staff treatment here". Staff told us how much they enjoyed working at Burnside Court. One member of staff said "I really like it here, they are cared for properly. Everyone who works here really love the residents". Another said "I love working here, I'm happy. The residents come first. We do our best to make sure they get everything they need".

People were supported by kind and caring staff who showed patience and understanding when supporting them. When staff went into any room where people were, they acknowledged people. We saw staff had a good rapport with people and were seen to be friendly. There was lots of laughter and fun. We heard staff communicating clearly and effectively. For example, staff sat with people, giving them time to remember stories, asking questions and showing an interest in what they had to say. We saw staff recognised and responded to people's emotional wellbeing. We saw a person had become unsettled and staff responded quickly and calmly, gave them a hug and stayed with the person talking to them and reassuring them. The person responded positively to this.

The staff and registered manager, were very knowledgeable about the people living at the home, and were able to talk about people's likes, dislikes, history and backgrounds. We saw that this information was recorded in detail within care plans so all staff could get to know each person as an individual. The staff all felt the information in the care plans supported them to develop caring relationships with people.

People were involved and supported in planning and making decisions about their care. One person said, "Yes the staff speak to me about everything and keep me involved". We saw that staff would review people's care plan on a monthly basis and record any changes required. A more formal review where family members were invited along to contribute, were held at times to suit people and relatives.

Staff engaged people in all decisions they were able to make and encouraged people's independence. People's care plans contained information about what they were able to do for themselves and how staff should support them. For example, one person was able to undertake aspects of their own personal care with prompting from staff. Staff knew how best to encourage this person and what support they needed in order to undertake these tasks independently. We observed that people were supported to make decisions about day to day care, for example, what time they wanted to get out of bed, when they would like support with personal care, and where they would like to spend their time.

People were supported to maintain their appearance to a high standard. We observed people having their hair washed and dressed by staff during the inspection. People looked clean and well cared for, with clothing that was appropriate for the weather and temperature in the home.

Throughout the inspection we observed that people's privacy and dignity was respected and upheld. We heard staff communicating with people with respect, using a gentle tone of voice and offering reassurance when this was needed. One person said, "They treat me like I'm a grown up lady and treat me with respect". All the staff we spoke with told us of the importance of respecting privacy and dignity. One staff member said, "It's extremely important. I always make sure that I knock on door's, close curtains when giving personal care and always offer them help discreetly". During our inspection we saw staff knock on doors and speak with people in a discreet manner whenever offering personal care.

People were supported at the end of their life and their preferences and choices for end of life care were clearly recorded. Staff said they received good training in end of life care and understood people's preferences and choices. This helped to ensure people received the care and treatment they wanted.

Visitors were made welcome and spoke highly about the staff and the atmosphere of the home. A relative said staff were always helpful and kind and they went above what was expected. Other comments included "The best thing about this home is the staff" , "They are very caring and loving. I couldn't be more grateful" , "The staff are outstandingly excellent with the care and kindness to the residents". One relative told us how relieved they were that their relative was living in a happy and caring environment.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in planning their care. People had received an initial assessment of their care and support needs before they moved in to Burnside Court which ensured their needs could be met. People's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance in how to support each person. There was personal information in people's care plans describing how the person wanted to spend their time, their likes and dislikes and other preferences. For example, one person who was not able to tell staff they were in pain, had a very detailed description of how to recognise they were in pain. This stated, "I show my pain by my facial expressions and body language such as holding my stomach". Another care plan told staff that a person liked to take part in activities and gave instructions on how to achieve this, "Make sure I wear my glasses daily and encourage, give reassurance by talking slow and in calm voices so that I may be able to join in". This meant that people received care that was totally individualised, person centred and based on how they wanted to be treated and looked after.

The registered manager and deputy manager worked very hard to ensure that all care plans were reviewed regularly and updated. We also saw people's care had been reviewed if their needs had changed or their health had deteriorated. For example, we saw that staff had recognised that one person was finding it difficult to move about because of the progressive nature of their illness. To seek advice staff consulted with a specialist nurse and were given tips on how to assist and prompt the person with their mobility and therefore maintain their independence. This was recorded in detail in the persons care plan.

Specific behaviour management plans were in place which provided guidance for staff to follow when people displayed behaviours that may challenge the service. On a number of occasions we saw staff using distraction techniques and their knowledge of people's family lives or their hobbies and interests to re-direct people and successfully avert any potentially challenging situations.

People had access to a range of activities in order to keep them physically, socially and mentally active. Staff were enthusiastic, fun, included people and effectively engaged people in a range of activities from singing, quizzes, crafts, throwing hoops and jigsaws. People enjoyed the activities and responded positively to these interactions. One person told us how much they liked the impromptu sing-songs they had, where the staff joined in and people got up and danced. There were also a number of regular entertainers including animal therapy, singers and piano players. Staff also spent one to one time with people. For example, providing hand and nail care. One person loved to look at children playing. Staff took them out for a coffee in a café opposite a children's play area so that they could watch them play. Another person loved horse racing. Staff took them into town so that they could place a bet on the Grand National and then watched the race with them. Staff helped one person, who was an ex serviceman, dress up in their medals and attend a local parade. Staff ensured that people who chose to stay in their rooms were involved. One staff member described how they took visiting animals up to people in their rooms and helped them make cards in the craft sessions. Another member of staff told me they would just go to people's rooms and have a chat.

Staff helped people to become involved in community life. One relative told us about how staff helped

people watch the local evening carnival parade in the street. They described how staff made sure that everyone could see, were comfortable and warm. The home had links with the local church who visited monthly and provided music and prayer. Another person was supported to attend weekly Salvation Army meetings.

The registered manager had a procedure for receiving and managing complaints. We saw that the complaints procedure was included in the information brochure given to people. This meant information was available to people if they wished to make a complaint. People told us they had never needed to make a complaint about the service provided. They told us that, if they had any concerns, they would speak to the registered manager or any of the staff. They also told us they were confident the registered manager would take action in response to their concerns.

Good

Is the service well-led?

Our findings

People told us they thought the registered manager was approachable, friendly and helpful. A relative said "The manager is always around to speak to, the door is always open for anything you want to say or ask" and "[registered managers name] is brilliant, she really cares". Other relatives told us how happy they were with how the home was run and how confident they were in the management. Thank you cards and compliments reflected relatives' satisfaction with the care their relatives had received. One relative stated "We are very pleased with all the staff. No problem seems too hard for them, do everything you ask and more. Excellent and well done".

Observations of how the registered manager interacted with staff members and comments from staff showed us the home had a positive culture that was centred on the individual people they supported. We found the home was well managed, with clear lines of responsibility and accountability. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas. Staff were supported to bring their feedback to the registered manager during their supervisions, appraisals and team meetings.

Staff spoke positively about the registered manager and deputy manager. Their comments included, "The manager is so supportive", "The management are approachable and would listen if I had any complaints or suggestions" and "They always find time to see how you are and if you need anything. [Name] is a good boss, always there for you". Staff told us the management team led by example and worked hard to ensure staff provided people with a high standard of care. Staff said the registered manager had high standards and was always willing to help where needed.

The home had good systems in place to assure they delivered care and support of a good quality. Observations took place in communal areas to assess how effectively staff were interacting with people and records were regularly checked to ensure they remained up to date. Monthly audits were carried out by the registered manager to review all areas of the management of the home, such as medication, care plans, training and the environment. In the home's drive to continuously improve the service, the provider used Investors In People and the British Standards Institution (BSI) to assess them twice a year. Investors in People is a simple assessment framework which reflects the best practices in high performance working. BSI is the business standards company that helps organizations make excellence a habit. Their business is enabling others to perform better. The registered manager told us that they were working towards a fully comprehensive auditing programme to achieve best practice and ensure that best practice remains an on-going habit and commitment. The home had also been assessed by the Environmental Health Office to check the standards of food hygiene and had scored very highly.

Questionnaires were sent to people and relatives annually in order to gain their feedback on the home and to make changes if required. The most recent surveys confirmed people strongly agreed that they were happy with the care they received.

Detailed records were well maintained within the home and stored securely. There was a system in place to

monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medicines, safeguarding people and infection control. This access to information enabled staff to feel more confident at challenging poor practice and also helped to set out the expectations people should have of the home.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and honesty. The registered manager understood and was knowledgeable about the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

According to the PIR, Burnside Court's care philosophy is to provide a secure homely environment. We saw in our observations that staff ensure that they care for people by maximising each individual's independence, privacy, dignity and freedom of choice. They strive to help each person live as comfortable and fulfilling a life as possible within a residential setting.