Burlington Care Limited

The Limes

Inspection report

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Date of inspection visit:
01 December 2016

Date of publication:
12 January 2017

Ratings

Overall rating for this service	Good
Is the service effective?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 August 2015 and we found a breach of legal requirement in respect of training for staff on behaviours that challenge the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this breach. We undertook this focused inspection to check that they had followed their plan and to check that they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Limes House on our website at www.cqc.org.uk

The home is registered to provide accommodation and care for up to 97 older people, including people who are living with dementia. There were 96 people living at the home on the day of this inspection, including seven people who were having respite care. The home is situated in Driffield, in the East Riding of Yorkshire. There is an area of the home where people who are living with dementia are accommodated and another area for older people; these are staffed separately. All accommodation is on the ground floor and there are enclosed courtyards where people can access outdoor areas safely. People have single bedrooms with en-suite facilities, and there are also communal bathing and showering facilities.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager who was registered with the Care Quality Commission (CQC). 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.

At this inspection we saw that staff had completed training on non-abusive psychological and physical intervention (NAPPI). This training aims to equip staff with the skills to safely manage people who display behaviours that might challenge the service. We saw that this training had been incorporated into staff induction training. Staff had received other training to help them to carry out their roles effectively, and they received support from a senior manager in supervision and appraisal meetings.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity to make decisions had been assessed and when people lacked the capacity to make decisions for themselves, best interest decisions had been made on their behalf and recorded.

People's nutritional needs were assessed and their special diets were catered for. People received support from health care professionals when required and we found that staff followed any advice and guidance they were given.

The area of the home where people living with dementia were accommodated had been refurbished. This

provided high quality accommodation that included space for people to move around freely, signage to help people find their way around the premises and various ways of providing orientation for people. The dining room was in the style of a cafeteria which provided clear prompts for people to indicate this was where food and drink was served.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was effective.

Staff received the training and support they required to fulfil their roles and to meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were assessed and people had access to a range of health care professionals. Their nutritional needs had been assessed and their special diets were being catered for.

The home provided accommodation that was suitable to meet the needs of people who were living with dementia.

The Limes

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 December 2016 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements planned by the registered provider after our August 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service effective? The inspection was carried out by one Adult Social Care (ASC) inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority who commissioned a service from the registered provider 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. The registered provider submitted a provider information return (PIR). 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.

On the day of the inspection we spoke with the registered manager and the registered provider, and chatted with other staff. We also spent time looking at records, which included the care records for two people who lived at the home, induction and training records, staff supervision records and records in respect of people's nutritional needs.

Good

Is the service effective?

Our findings

At the last inspection in August 2015 we were told that the home had a 'no restraint' policy and care staff told us that they were having difficulty coping with some behaviours displayed by people who lived at the home that had challenged the service. At this inspection we saw records to confirm that existing staff had completed training on non-abusive psychological and physical intervention (NAPPI). This training aims to equip staff with the skills they need to safely manage people who display behaviours that might challenge the service. To ensure that all staff had been trained in the use of NAPPI, this training had been incorporated into the home's induction programme and the programme of refresher training.

Training considered to be essential by the organisation included fire safety, moving and handling, safeguarding adults from abuse, the Mental Capacity Act 2005 (MCA) / Deprivation of Liberty Safeguards (DoLS), health and safety / infection control and dementia awareness. Staff who had responsibility for the administration of medication also completed training on this topic. The training matrix recorded when refresher training needed to be completed, for example, NAPPI training every three years and fire safety training every two years. Completed training was recorded in green, training that was booked was recorded in yellow and overdue training was recorded in red. On the day of the inspection we saw that very few staff members had training that was overdue.

The registered manager told us that staff had previously attended the organisation's induction programme before they commenced work, and then started to work towards 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. This system had recently been changed so that induction training cross-referenced to the Care Certificate, and staff were working towards the Care Certificate during their induction training. We checked the training records for a new member of staff; these confirmed they had completed the organisation's induction programme at the same time as working towards the Care Certificate.

Staff were then able to choose whether they wanted to continue with training to complete the Qualifications and Credit Framework (QCF) award. This is the national occupational standard for people who work in adult social care, and has replaced the National Vocational Qualification (NVQ) award. Training records showed that some staff had completed a NVQ at Level 2 or 3.

The staff supervision plans for care staff, senior staff and night staff were displayed on the office wall. These showed that all staff had attended supervision meetings throughout the year with the registered manager or a senior manager. This gave staff an opportunity to meet on a one to one basis with a manager to discuss any concerns they may have, their training and development needs and any specific concerns about people who lived at the home.

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 MCA 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 and hospitals 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. We saw that the registered manager continued to work within the principles of the MCA, and that there was a record of when DoLS applications had been submitted to the local authority, when they had been authorised and when they were due to be re-assessed. When DoLS applications had been authorised, a notification had been submitted to the Commission as required by regulation.

One person had one to one support throughout the day as they became anxious when left alone. A daily record was made of this one to one support, which included taking them out into the local town and engaging them in conversation. The record showed how some behaviours were managed, such as '[Name] was shouting for help' and 'I took them out for a walk'. The registered manager confirmed that staff did not use restraint to manage behaviours. The records we saw evidenced that staff used diversion and distraction techniques rather than using restraint.

Some people who lived at the home did not have the capacity to make important decisions about their care and support, although people did have varying degrees of ability in making day to day decisions, such as what to wear, what activities to take part in and what to eat and drink. Care plans included information about best interest meetings that had been held to assist people who lacked capacity to make important decisions. We saw best interest decisions that had been made about the use of bed rails, a person moving from the residential part of the home to the specialist dementia area and for dental treatment. This evidenced that the registered manager and staff understood the principles of decisions being made in a person's best interest.

We saw that the service continued to record any contact with health care professionals. These recorded the date, the reason for the visit and the outcome of the visit. One person had been referred to the dietician due to recent weight loss. We saw that the person's care plan recorded the advice given by the dietician, which was that they should 'continue with Fortisips, be weighed monthly with hoist scales for accuracy and be re-referred to the dietician if there was a weight loss of 5% within three months'. Records evidenced that this advice had been followed.

Care plans included a nutritional assessment, a record of any special dietary needs the person might have and the person's likes and dislikes. People had been weighed on a regular basis and their BMI was monitored. One person's care plan recorded, '[Name] has dementia and is not able to make a choice at mealtimes, though it has been noticed that they prefer finger foods'. This showed that staff were observing people to determine the most appropriate foods to provide for them.

Charts were used to record people's food and fluid intake when this had been identified as an area of concern. We saw that these charts were used effectively by staff, although fluid intake had not been totalled by staff each day to help them monitor the person's overall daily intake of fluid. The registered manager told us that they would address this with staff.

People had patient passports in place that could be taken with them to hospital appointments and for any admissions to hospital. These documents recorded people's abilities, care and support needs and likes and dislikes to help nurses and other health care professionals provide appropriate care. One patient passport

we saw recorded, 'I like to hold either a doll or a teddy, as this gives me joy'. This showed that people's specific needs were recorded to advise health care professionals about people's preferences for care, as well as their specific care and support needs.

The area of the home where people living with dementia were accommodated had been refurbished. The accommodation was open plan and people were able to walk from the lounge to the dining area and into the enclosed courtyard without any obstructions. This provided a safe area for people to walk around throughout the day. The dining area had been designed to look like a cafeteria, indicating to people that this was the area of the home where they could spend time eating their meals and having a drink. We saw people used this area and that there was a 'café' atmosphere with chatting and laughter. There was signage to help people find their way around the premises and colours had been used to help people identify areas such as handrails, bedroom doors and toilet facilities.