

Leading Lives Limited

Burgess House

Inspection report

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Date of inspection visit:
25 October 2017

Date of publication:
08 January 2018

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

Burgess House provides short-break respite care for up to eight adults with learning difficulties. Subject to availability people and or their representatives can choose the date and length of their stay at the service which is taken from their local authority allocation.

An emergency service for up to two people who are unable to return home is also provided at Burgess House. This means that people move into the service and, for many reasons, may be unable to return home, this could be because of a safe guarding incident for example. These people could be there a few weeks or a few years depending on the situation.

People are referred to the service by the local authority and are supported by staff to find a new place to live.

At the time of this unannounced inspection of 25 October 2017 there were seven people who were present who used the service.

At the last inspection of 23 June 2015 the service was rated Good. At this inspection we found the service remained Good.

A registered manager was in post. 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. They were supported by a team leader who was in charge of the day to day running of the service.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, mobility, nutrition and with their medicines. Staff understood their roles and responsibilities in keeping people safe. They were available when people needed assistance and had been recruited safely.

People and their relatives were complimentary about the care provided and the approach of the team leader and staff. People told us that they felt safe and well cared for. Staff had developed good relationships with people. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff consistently protected people's privacy and dignity.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were involved in making decisions about their care and support and were supported to participate in meaningful activities. They received care and support which was planned and delivered to meet their specific needs.

People were supported by staff who were trained and supported to meet their needs. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management team and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The management team knew how to make a referral if required. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints and took action where needed.

People, relatives and staff told us the registered manager and team leader were accessible, supportive and had good leadership skills. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

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 ●

Burgess 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 unannounced comprehensive inspection on 25 October 2017 was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with four people who used the service and eight relatives. We observed the interactions between staff and people. We spoke with the registered manager, team leader, a newly appointed team manager and five members of staff including the cook. We received positive feedback from three health and social care professionals.

To help us assess how people's care needs were being met, we reviewed three people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At this inspection people continued to be protected from avoidable harm and abuse. People received support from staff who understood how to recognise and report abuse. Staffing numbers remained consistent to meet people's needs and the rating continued to be good.

The provider had maintained measures to protect people from harm and abuse. Staff knew how to keep people safe and they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the provider's safeguarding and 'whistle-blowing' (reporting of bad practice) policies. When concerns were raised the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One member of staff said, "I would have no problem reporting any concerns and would whistle blow if I had to. We have a responsibility to act if something is wrong." Another member of staff commented, "I have reported concerns and they were acted on. Team leader took action; dealt with it straight away."

People told us that they felt safe using the service. One person told us, "I like coming to stay here. Am safe, they (staff) look after me really well." Another person said, "I feel safe here. (Staff) are about if you need them." A relative commented, "I'm very happy with the arrangements. (Person is) comfortable here, knows the staff well, the place is safe and secure."

Risks to people continued to be managed well. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, accessing the community and medicines. One person said, "I am not as quick as I was. The staff let me pass as they're aware I could fall. They keep an eye on me."

People who were vulnerable as a result of specific medical conditions such as diabetes and epilepsy had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included for people who were staying for a longer period at the service. For example, there were examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Risks to people within the environment were minimised because electrical, fire safety and the water system was regularly checked to ensure they were safe.

The team leader told us that the staffing level continued to be appropriate to ensure that there were enough staff to meet people's needs safely. They explained how they used a dependency tool to work out the required number of staff and this was adjusted regularly to accommodate who was staying in the service as people's assessed level of need varied. One person told us, "I can do most things myself but there is someone around if you need help." Another person commented, "Plenty of staff. If I want any help I can find someone, there is always someone around." We saw that staff were available when people needed them

and they responded to people's requests for assistance promptly."

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

Medicines were safely managed. People who required support with their medicines told us they received them as prescribed. One person said the staff, "Help me with my meds (medicines), get me a drink and they watch me take it and write it down." Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive, well-kept and showed that medicines were given to people when they needed them. Systems to reduce medication errors such as regular audits and checks were in place to allow the management team to quickly pick up any issues and take action to address them.

Is the service effective?

Our findings

The service continued to provide staff with the training, support and the opportunity to obtain qualifications in care to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they were happy with the training and support they received. This included the provider's mandatory training. That is training important for staff to have, moving and handling and medication training for example. Also, staff received additional training associated with people's specific and diverse needs such as epilepsy, PEG feeding, dementia, autism and diabetes awareness. One member of staff shared with us, "I have been really impressed with the training provided. I am experienced; worked in the care industry awhile. But it wasn't till I came to work here that I had training in intimate personal care. It's really important and taught me a lot. I feel much more comfortable and confident to talk about this. Trainers put us at ease no questions were too silly and it really helped to aid understanding. It is such a sensitive matter."

Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 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.

People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and continued to demonstrate they understood the MCA and how this applied to the people they supported. One person said, "I always choose what I want to do, what I want to eat, what I will wear and if I want to go out, they (staff) all listen to me."

People were supported to maintain a balanced diet and told us they were happy with the food they were served. One person told us, "The best bit about coming here is the food! You can have what you want. Cook knows I like small portions. You eat what you want; leave the rest." Another person said the staff, "Help me to manage my weight, things like no sugar in tea, it all helps." A relative shared their experience, "They have been very good in dealing with (person's) limited diet and regularly prepare specific meals when the normal

menu doesn't include anything they will eat."

Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them in regard to people's dietary needs. For example, by ensuring that people who required a soft food diet, had the appropriate texture for them to eat to avoid choking and that the food looked appetising when served.

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. Describing a time they had fallen, one person told us the staff took prompt action, "When I fell the staff acted quickly called an ambulance and told my (relative)."

Is the service caring?

Our findings

At this inspection people told us they were satisfied and happy using the service, they continued to be complimentary of the staff approach and felt cared for. The rating continues to be good.

People told us the staff treated them with respect and kindness and promoted their independence. One person said about the staff, "All lovely, really nice. Listen to me, help me. They are friendly and nice." Another person said, "I do like this place. I look forward to coming here. It is a real treat. A mini holiday." They added, "It is a nice mix of people who stay, you can have a laugh and we all get on, the staff look after you." When asked if the staff were caring a third person smiled and gave a thumbs up to indicate yes.

Relatives shared with us their positive experiences of how people were cared for in the service. One relative said, "The staff are always pleased to help. My (family member) has never complained about anything in or about (their) stays here. (They) love the staff and the activities offered which are many and varied. I would recommend stays here to any parent." Another relative said, "We have found the staff to be very helpful and the more experienced staff have got to know (person) quite well which helps with (their) care." A third relative commented, "We feel that staff provide a caring service to (family member), but also like to have a little fun and joke with (them) which they enjoy." A fourth relative shared with us, "I find the staff and accommodation at Burgess House excellent."

There was a friendly atmosphere in the service. People were relaxed in the presence of staff and the management team. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This was confirmed by one person who said, "The staff help me to make choices."

People were encouraged by staff to be actively involved in expressing their views and making decisions about their care and support needs. They told us the staff listened and acted on what they said. One person commented, "They (staff) talk to me about what I want to do, which bedroom I want, what I need help with. If the bedroom I want is free I can have it. If not doesn't matter; they are all nice but (themed bedroom) is my favourite." Accessible information was made available to people to assist them in making decisions about their care. This included access to independent advocacy services.

People's right to privacy and dignity was respected and promoted. Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person told us the staff, "Knock on doors, respect my privacy don't come in to my bedroom unless I say they can."

Is the service responsive?

Our findings

At this inspection we found staff continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

One person described their experience of using the service, "I love coming here it is really good. I like to stay in (particular room) it is decorated really nice. I have made friends here and like all the staff. They are lovely. (Cook) knows what food I like and makes it for me. I am happy when I stay here." Another person said, "It feels like a hotel, holiday from home. Everyone is nice. Always get on well with people here. I have made new friends and look forward to staying here." They added, "Staff don't rush you, go at your pace. They know I like to have a bath after (favourite television programme) has finished and come and get me."

People's care records were accurate, reflected their needs, and were regularly reviewed and updated. A member of staff said, "The care plans are easy to read and reflect the information you need to support people. They are reviewed regularly and before people come to stay the management will check if there are any changes or things we need to be aware of."

People's views were actively encouraged through care reviews, surveys and feedback questionnaires at the end of their stay. One person said, "I have been asked what I think of the place. I told them I like the food, staff and the (decoration) of (preferred bedroom)." The team leader shared with us how comments from a relative had highlighted inconsistencies in the process for reporting and recording bowel information for one person. As a result of the relatives' feedback the team leader advised that a development plan had been implemented for the whole staff team to ensure the correct process was consistently followed and changes made to improve the bowel chart documentation.

A complaints process was in place that was accessible to people who used the service. At the time of our inspection no complaints had been received but records showed that any comments and concerns had been acted on. People told us that they had not needed to complain, but that they were confident that if they did it would be handled quickly and dealt with properly. One person told us, "I have no problems. I love coming here. If I was upset I would tell (management)." Another person said, "I would go to the office if something was wrong." A relative described how the service had acted on feedback, "We did have a problem with clothes and personal possessions being left behind or going missing completely. But they are now using a Personal Inventory Checklist, so we are hoping that will improve."

Is the service well-led?

Our findings

Feedback from people, relatives, staff and professional stakeholders was extremely positive about the management arrangements in the service. We found the management team were proactive and took action when errors or improvements were identified. The team leader was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Therefore the rating continues to be good.

People and relatives were complimentary about the approach of the management team. One person said, "The team leader is who I go to if I am upset. They listen to me and sort things" A relative commented, "I think the management have a good insight into what goes on. They are available if you need to speak to them I have not had to formally raise a concern but have spoken informally about some issues and it was dealt with really well. The management listen and act on feedback."

The management team promoted an open culture where staff told us they felt valued listened to and supported. A member of staff said, "Very supportive environment. Good place to work, Would highly recommend working here. The team leader and (registered) manager are approachable and available if you need them. Not a problem to talk to them about personal or professional matters if you need them they are there."

Where comments from people were received the service took action to address them. This included changes to activities, planned events and the menu.

Feedback from professionals cited effective working relationships with the service. One professional told us, "Communication is good. Information is shared and any advice is acted on"

Systems were in place which showed that the service continued to improve. The management team continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. We discussed with the team leader some of the décor in the service that needed attention. This included a damaged bath panel and areas where paint work was peeling and the wall paper had come away. The team leader showed us that these areas had been identified and reported to head office and they were waiting an update on when the improvements would be made. We saw that audits and checks supported the management in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.