

Longley Hall Limited

# Embracing Independent Lifestyles -Burley House Nursing Home

## Inspection report

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29 June 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 18, 20 and 29 June 2018. The first day was unannounced. We told the service we would be visiting on the second and third day.

This is the first inspection of the service under a new provider and is rated Requires Improvement overall. This is the first time the service has been rated Requires Improvement.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing and governance. You can see what action we told the provider to take at the back of the full version of the report.

Burley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Burley House accommodates a maximum 22 people in one adapted building who require nursing or personal care and support with their mental health needs. At the time of our inspection there were 15 people living at the service.

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 2008 and associated Regulations about how the service is run.

Staff were not receiving regular supervision and appropriate training to ensure they could meet the needs of people using the service.

The provider did not have a robust system to monitor the quality of service provided. Actions that had been identified were not followed up to ensure they had been completed. The provider had not consulted people about the quality of service.

The service held meetings to check people's health needs were met, but this lacked oversight from the provider. We have made a recommendation about the provider ensuring the registered manager is supported with the clinical governance of the service to ensure care and treatment is in line with current best practice guidelines.

There were positive interactions between people and staff. Staff knew people well and promoted their independence. Health care professionals were involved in supporting people to achieve good health outcomes; this included their nutrition, physical and mental health needs.

Care was person-centred and people were provided with choice. People told us they were happy and felt well cared for. Care records contained information about people's needs, preferences, likes and dislikes. Staff understood people were individuals and would not tolerate discrimination.

Medicines were administered safely and people told us they felt safe with the staff who supported them. Staff received training in how to safeguard people and understood what action they should take to protect people from abuse. Staff recorded accidents and incidents that occurred at the service to reduce the risk of reoccurrence. There were enough staff to meet people's needs and pre-employment checks were undertaken to ensure their suitability to work with people.

People were supported to make choices about their day to day lives and were supported by kind and caring staff who were committed to providing a good service. Staff asked people for their consent before offering support and treated people with dignity and respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice.

People and their relatives told us they felt welcome at the service and felt able to raise any concerns with the registered manager or staff. The registered manager promoted an open and relaxed environment for both people using the service and staff.

## 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.

People received their medicines safely.

Risks were identified and systems put in place to minimise risk to ensure that people were supported as safely as possible.

Staff could recognise and were confident to report any concerns about abuse and neglect.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

The premises and equipment were maintained to ensure that they were safe and ready for use when needed.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported by staff who did not have the necessary skills and knowledge to meet their needs. The staff team had not received the training or regular supervision they needed to support people who used the service.

Staff understood the need to obtain consent from people in relation to how their needs should be met.

People worked in partnership with staff in the monitoring and promotion of their health and were supported to attend health appointments.

### Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care and support was

individualised to meet people's needs.

People were supported to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly reviewed.

People had opportunities to take part in a range of activities and relatives and friends were made to feel welcome.

Staff responded to people quickly and effectively on a day to day basis and as people's needs changed.

### Is the service well-led?

Requires Improvement ●

The service was not well-led.

Systems were not robust to monitor the quality of service provided. Actions identified during monitoring visits were not followed up.

The provider had not consulted people about their experiences of the service or the quality of service provided.

Staff told us that the registered manager was approachable and they felt well supported.

The service worked in partnership with healthcare professionals.

# Embracing Independent Lifestyles -Burley House Nursing Home

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18, 20 and 29 June 2018 and was unannounced.

On the first day of this inspection the inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to people who had mental health needs. The second and third day of inspection was undertaken by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law.

We sought feedback from the commissioners of the service prior to our visit. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also spoke with four health care professionals to gather their feedback about the service.

We spoke with ten people who used the service, five relatives, the registered manager, the clinical lead who is also the deputy manager, the administrator, three members of staff, the cook, the cleaner, an agency nurse and the regional manager.

We looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, two staff recruitment records, one agency staff file, training records, quality assurance audits, minutes of staff and resident's meetings, complaints records and policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "I feel very safe here. The staff are brilliant and I have been involved with fire drills." Relatives comments included, "[Name] is safe. There is no doubt in my mind" and "There are no problems. [Name] is very safe here."

We looked at the arrangements in place to manage risk so people were protected from avoidable harm. Risks to people's personal safety were assessed and plans were in place to minimise those risks. Records we looked at had relevant risk assessments and risk management plans that were updated regularly. Records were securely stored and available to enable staff to support people safely.

Health care professionals were complimentary about how staff ensure people are kept safe. One said, "Staff were proactive in making sure [Name] was safe and they managed their care very well." We were confident about how challenging behaviour was managed to keep people safe. A member of staff we spoke with explained how they felt supported by their manager following an incident.

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. They had a good understanding of when to report concerns to the registered manager or senior staff. The provider had a whistleblowing policy to ensure staff knew how to raise concerns and staff confirmed they were aware of it. The registered manager understood their responsibilities regarding safeguarding people and had reported concerns appropriately to the local authority and CQC.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. Medicines were managed safely and administered by staff who were trained and assessed as competent to do so. The service had a process for ordering and checking there was sufficient stock. Medicines no longer required, were returned to the dispensing pharmacy. We observed medication being administered and good practice guidelines followed. It was unhurried and interaction with residents was good. The nurse gained consent and water was offered.

The registered manager felt the staff worked well together as a team which had a positive impact on people's care and support. People told us staff had time to meet their care and support needs. One person said, "There are enough staff, they try and make time for you most of the time. Sometimes they are busy, but they come back to you. Best staff here than other places."

On our inspection there were enough staff to meet the needs of people who used the service. The registered manager determined the number of staff required according to the needs of the people using the service. Staff confirmed they had time to support people. During our inspection we observed staff sitting and speaking with people in a relaxed manner.

Appropriate arrangements and checks were in place to ensure that the right staff were employed at the service. These included pre-employment interviews, previous employer references and a full work history was provided within the application form. Disclosure and Barring Service check (DBS) were carried out



before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. The agency nurse file we looked at contained an up to date profile which included their photograph and training completed.

Records we looked at confirmed audits of the building and equipment were carried out to ensure health and safety. For example, checks had been carried out on the fire alarm, fire extinguishers and gas safety. Personal emergency evacuation plans (PEEPS) were in place for each person. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises.

We found that the service was clean and staff recognised the importance of preventing cross infection. Gloves and aprons were available and used by staff when supporting people. There was an infection control champion who had received additional training and had completed an infection control audit in the service. People and relatives told us that they felt that the service was clean and hygienic.

Staff recorded accidents and incidents that occurred at the service. Records showed the registered manager had completed audits to ensure lessons were learnt where errors were identified. For example, where any shortfalls with medicines administration had been identified, staff were given supervision and competency checks were completed. This meant the service had acted to reduce the risk of reoccurrence.

## Is the service effective?

### Our findings

At this inspection, we found improvements were required to ensure people were supported effectively.

Staff were not receiving regular supervision. This meant they were not being offered the opportunity to discuss their practice, receive feedback and identify any training needs.

Additionally, the registered manager had not received regular supervision from the provider. The matrix used by the service to plan supervisions was not up to date. We brought this to the attention of the registered manager, the clinical lead and the operations director who agreed this was an oversight and would ensure supervisions were undertaken. We saw that appraisals were up to date and some had been completed recently.

Training records showed staff had completed the provider's mandatory e-learning training in topics such as safeguarding, equality and diversity, infection control and autism. However, not all staff had received training in areas relevant to their role, such as moving and handling, practical first aid, and specialist mental health training. Staff supported people with complex mental health needs who at times exhibited behaviours that challenged, but the provider had not ensured staff were skilled and knowledgeable so they were able to respond to those challenges. We brought this to the attention of the operations director.

Following the inspection, the operations director provided evidence that specialist training courses had been arranged for staff at the provider's other homes. These included topics such as wellbeing recovery action planning, managing depression and how to manage challenging behaviour. However, no training had been organised for the staff at Burley House.

All of the above constitutes a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place to assess people's needs and choices so that nursing and personal care was provided effectively. People's needs were assessed before they started to use the service. Care plans and assessments recorded people's physical, emotional and social needs. Records also showed if any additional provision was needed to ensure people did not experience discrimination. For example, people were asked if they needed support in relation to their religious needs.

People were supported to maintain a healthy diet. We spent time with people at lunchtime and observed staff asked if people wanted more and maintained pleasant conversations with everyone. We saw that there were drinks available throughout the day.

People gave us mixed feedback about the quality of the food. Comments included, "The food is nice. It's good as it's an important thing. I can have drinks and snacks when I want" and "I have been asked about the food recently. It is the best thing, better than some places." Other people said, "Sometimes the food is ok, sometimes not" and "Food is ok. If I do not want what is on the menu I can have soup and a roll." A relative

said, "I do not think the meals are as nutritional as they should be." We brought this to the attention of the registered manager. They agreed to review the arrangements when the cook was not working, to ensure nourishing meals were provided.

People were supported to access health care services and their health needs were met. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, an occupational therapist and psychiatrists. People's health care needs were monitored and addressed to ensure they remained as healthy as possible and staff supported people at appointments when required. A relative said, "The staff make GP appointments for my relative. They are genuinely very good at that." A health care professional told us, "We enjoy a good relationship with staff at Burley House who contact us promptly regarding the residents, including effective use of the duty doctor telephone triage service."

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found people's rights to make decisions were understood by staff and people received the appropriate support. Staff were clear that people had the right to and should make their own choices. One member of staff we spoke with told us, "I treat people as if they have capacity for decisions unless they have been assessed as not being able to. I always give people choices." The registered manager ensured up to date information and best practice documentation about DoLS and MCA was available for all staff at the service.

Burley House is converted from a large Victorian style property. Not all areas at the premises are accessible for people who use wheelchairs or who have significant mobility difficulties, especially the upstairs bedrooms. We could see that the service planned to ensure people who needed support with mobility needs could be cared for. A relative said, "[Name] has recently been moved rooms, due to their mobility problems and seems to be settling in well." If people's mobility deteriorated significantly, a reassessment would be required to establish if they could safely remain at the service if there were no downstairs bedrooms available.

We could see that people were encouraged to personalise their rooms with personal effects that included, ornaments, memorabilia and photographs. People were very complimentary about their rooms and the building that had been recently refurbished.

## Is the service caring?

### Our findings

People were positive about the care and support they received. They told us staff were kind, caring and respectful and that their privacy and dignity were maintained. One person said, "The staff are caring." Another person said, "Staff know me and they talk to me. They care for me well." Health care professionals we spoke with said, "I have always found the staff kind and caring in their approach to the residents" and "The staff are marvellous. The quality of care is very high."

Staff were able to communicate with people who had complex mental health needs. Staff knew people well and responded to people's individual style of communication. For example, one person needed encouragement to take their medication and had a routine that they needed to follow to reduce their anxiety. Staff gently encouraged them and gave them time to respond. We could see that this had a calming effect on this person.

People's privacy and dignity were maintained. When we were shown around the home we saw that the cleaner, maintenance person and staff knocked on people's doors before being invited in. We observed that one person did not want to be seen by staff and this was respected. A health care professional told us, "When I have visited Burley House, people can be seen in a private room which protects confidentiality as well as treating them with dignity." A relative said, "They treat my relative with dignity and are caring to both them and myself."

People's personal information was kept securely and their confidentiality and privacy was maintained. Staff we spoke with understood their responsibilities in relation to confidentiality and we observed staff members speaking quietly to people when they needed support.

Staff were aware of people's individuality and the importance of respecting this. Staff told us they would treat people equally regardless of race, gender or sexual status. For example, a member of staff told us about training they had completed relating to equality and diversity. They explained how they would talk to someone to gain an understand their needs. They said, "It doesn't matter if someone speaks a different language or has a religion. I treat people as equals."

People were supported to be as independent as possible. Staff told us they would encourage people to do as much as they could for themselves such as helping around the home and taking care of their bedrooms. Staff told us about a resident's meeting, where a person said they were unsure how to use a road crossing independently. We looked at the minutes of this meeting and read how staff had gone to the crossing with them and shown them what to do. This meant they were able to access the community independently and more safely.

Staff were able to explain about the support of each person, taking into account their choices and preferences. People and their relatives told us they were involved with decisions about their care. One relative told us, "I have been involved in [Name's] care plan a lot." A health care professional said, "I have frequently been involved in individual consultations where it is clear that the staff encourage involvement of

patients in decisions."

Advocacy services for people had been used to support people in making decisions about their lives. An advocate is a person who speaks or writes on behalf of another. Notice boards included information about the advocacy service, CQC, how to complain and photographs of staff on duty.

## Is the service responsive?

### Our findings

During this inspection we could see that people's care plans had recently been updated and incorporated the new provider's documentation and logo. The service was working with the local authority who had visited Burley House in May 2018 and identified short falls in care records. A plan had been made to address these issues with timescales. The clinical lead showed us one file that needed some further updating which they were completing on the day of our inspection.

Care plans considered aspects of people's lives which included their personal care, social activities, dietary needs, physical and mental health needs. Care plans were reviewed monthly and any changes and updates were completed to ensure staff continued to support people to achieve their outcomes.

People were supported to take part in activities, both independently and with support. These included attending the day centre, participating in activities/games within the home, local trips to places of interest and holidays. We could see the activities people had participated in were recorded in their daily notes and reviewed.

Care plans contained personalised information to help staff respond to people's needs. For example, one file ensured staff knew to provide a person with bedding which was light enough for them to move with one hand due to their health needs. Another indicated that the person preferred to be seen by a female doctor. One care plan documented where a person had declined to be involved or sign their plan. People and their relatives told us they knew about their care plans and felt involved. A health care professional told us, "Care plans are adapted with people."

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. For example, one person had requested that snooker was arranged for them. One person wanted to return to a day centre, go shopping and have lunch out and this was arranged for them.

We observed how staff's prompt responses had positive impact on people. For example, a person was reminded to use their frame to ensure they could mobilise safely and staff took time with a person to find out what they needed. We also saw people who were anxious being reassured by staff who understood their needs which helped them to become calmer. A relative told us, "There has been an improvement in [Name] over the last month or two. The staff have helped a lot and they seem happy."

People were encouraged to maintain contact with relatives and friends who were made to feel welcome. Comments included, "The staff are responsive to my needs and keep me informed of any problems" and "Staff are accommodating when I come to visit."

People informed us they felt comfortable if they raised any concerns and confident these would be listened to and acted upon. They knew the procedures to follow and were not worried about speaking to the registered manager or staff. One person explained to us that they would not feel discriminated against if they raised a concern.

The registered manager had received one complaint from a member of the public. This had been investigated. A letter was sent to the complainant as to the outcome of the investigation an apology given. A record was kept of any complaints and these were discussed as a standard item in the clinical governance meetings. This ensured the service used any learning to improve practice and minimise reoccurrences.

The registered manager was aware of the accessible information standard to support people with communication difficulties. They would ensure information was available to people in different formats to make it accessible for their needs when required. This included large print or pictorial format.

During our inspection nobody was receiving end of life support. The registered manager had recognised the importance of understanding people's preferences regarding care at this time. They would ensure care plans reflected people's wishes and needs and staff were supported to provide this.

## Is the service well-led?

### Our findings

At this inspection, we found improvements were required to ensure the home was well-led.

The provider had taken ownership of the service in March 2017. Although a quality assurance audit had been completed by the provider in July 2017 and a clinical audit had been completed in September 2017 they had not returned to check that recommendations made had been completed. For example, the lack of staff supervision that we had identified during our inspection had been highlighted by the provider, but no action had been completed to address and resolve this.

The service had regular meetings with people to discuss matters connected to the day to day running of the home, but the provider had not gathered feedback from people about their experiences of the service. The registered manager explained that questionnaires sent out by the provider had not been completed as they related to people who lived in the community rather than a nursing home. This meant no analysis had been undertaken to understand how people felt about the care being provided to enable the service to improve. When we discussed our concerns with the operations director they acknowledged the provider audits needed to be more robust and the actions identified should be checked to ensure they had been completed. Following the inspection, we were provided with evidence which showed another audit was being arranged.

All of the above constitutes a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the registered manager spent time with people and staff. We received positive feedback from people and health care professionals about them. One person said, "The manager is good. I have chats with them. They are a good person." A health care professional explained that the registered manager had been a strong advocate for people being supported, especially when complex situations arose.

Staff were complimentary about the registered manager. Comments included, "I feel I can talk to the manager and they will listen" and "The manager is supportive." One staff member felt the manager had made them feel welcome and had understood their own cultural needs.

There were positive working relations with other professionals which promoted and supported people's needs. Health care professionals told us they were kept up to date and communication between them was very good. One told us, "We get really good updates and work well together."

The registered manager understood their responsibilities and had ensured appropriate statutory notifications had been sent since they had been employed. They were responsible for another smaller home so split their time between the services. They also had oversight responsibilities for another service that the provider had plans to open. We saw no evidence that this had an adverse impact on people at the service.

Minutes of meetings evidenced the clinical leads from both homes met together with the manager each



month. Topics discussed for example, included clinical effectiveness, documentation and nutritional needs of people. The registered manager explained that the provider had not managed a nursing home prior to having ownership of the service and they needed more support and direction in respect of clinical governance.

We recommend that the provider researches best practice guidance in the delivery of care and treatment.

The provider had created the post of senior administrator who was based at the other service the registered manager had responsibility for. They had recognised this would promote useful links and contribute to the running of the service.

Staff meetings took place and the minutes of these showed topics were discussed to ensure people received good care. For example, staff were reminded to maintain dignity and respect and that they were working in the home of people being supported. Meetings were also used as an opportunity to comment and contribute to the running of the service.

Staff told us that there was a relaxed atmosphere in the home and they enjoyed working at Burley House. One explained how the registered manager had contributed to this. They said, "Professionals and myself have definitely got to know them and they have had a lot of input." The registered manager felt the culture of the home was one of honesty and being open and ensuing that people with complex mental health needs received quality care.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were not robust systems to check on the quality of the service. People who used the service were not asked for their views.  Regulation 17(2)(a)(b)(c)(e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Supervisions were not being undertaken. Staff did not have appropriate training to meet the needs of people being supported.  Regulation 18(2)(a).