

Burlington Care Homes plc

Burlington Hall Care Home

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 

Overall summary

Burlington Hall Care Home is registered to provide accommodation and support for 53 people with a variety of care needs, ranging from frail elderly to people living with dementia. On the day of our visit, there were 49 people living in the home.

The inspection was unannounced and took place on 5 November 2014.

The service has 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.

The eight people we spoke with told us they felt safe within the home and because of the care that staff provided them with. They told us that the staff were caring and respectful and met their needs. Our observations confirmed this and we found that there were effective systems in place to protect people from the risk of harm.

Summary of findings

Systems were in place to ensure that medicines were stored, administered and handled safely. Staffing arrangements meant there were enough staff to manage medicines appropriately and to meet people's needs safely.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions, we found staff demonstrated that they understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This meant they were working to support people who may lack capacity to make their own decisions. The registered manager had a good knowledge of the Deprivation of Liberty Safeguards (DoLS) and advised us that they had made applications to apply it in practice.

Staff understood the needs of people and we saw that care was provided with kindness and compassion. People and their relatives all spoke very positively about the home and the care that people received.

Staff told us they received on-going training and we found through our discussions, that they were appropriately trained and understood their roles and responsibilities, as well as the values of the home. They said that they had completed ongoing training to ensure that the care provided to people was safe and effective to meet their needs. Staff also told us they had robust support, induction and supervision that was relevant to the needs of the people who lived at Burlington Hall Care Home.

People received effective support around their personal needs and we found that staff supported people to maintain their mobility and nutritional needs.

People had access to healthcare professionals when they became unwell or required help with an existing medical condition. We found that people's ability to remain independent was encouraged and people were supported to access activities that they enjoyed within the home and wider community.

All eight staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home which helped them to be aware of any changes. People told us they found the staff and management approachable and knew how to raise complaints and concerns.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed.

We found that the service was well-led and that staff were well supported and consequently motivated to do a good job. The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns to ensure that people were protected.

Staff were knowledgeable about people's needs knew what to do to keep people safe and prevent risks from harm.

We found the systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Good



Is the service effective?

This service was effective.

People received care from staff that were well trained to meet their individual and on-going needs.

Staff knew the people that they supported and had systems in place to enable them to identify changes in people's needs.

Staff demonstrated a good knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty safeguards.

People had access to healthcare advice when they needed it to help maintain their health and well-being.

Good



Is the service caring?

This service was caring.

We observed that staff were kind and compassionate and respected people's privacy and dignity.

People were supported in a caring manner by staff.

People were involved in making decisions about their care and their independence was encouraged by staff that supported them.

Good



Is the service responsive?

This service was responsive.

People and their representatives were encouraged to make their views known about their care, treatment and support. Relatives were involved in reviewing their relative's care when the person could not do this themselves.

People's individual needs and preferences had been assessed and were met in a timely manner.

People felt able to raise concerns with the management and the staff if they had any.

Good



Summary of findings

Is the service well-led?

This service was well led.

The registered manager was approachable and staff told us they thought they were effective in their role.

Staff were happy working for the service and told us they were listened to and could challenge the way care and support was being provided should they be required to.

The quality of the service was monitored regularly through audit checks and receiving people's feedback.

Good



Burlington Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection on 5 November 2014, 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 inspection took place on 5 November 2014 and was unannounced, which meant the provider and staff were not aware of the date of the inspection. The visit was undertaken by an 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. Our expert had experience in caring for someone with frail elderly care needs.

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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We checked the information we held about the service and the provider and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law. For example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and two relatives. We also spoke with the registered manager and eight members of care staff.

We looked at ten people's care records to see if their records were accurate and up to date. We looked at three staff recruitment files and further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

We asked people if they felt safe at Burlington Hall. One person said, “I feel safe here because the staff care for me, I feel there is enough staff on duty and they have the correct skills to care for me.” We were also told, “The staff are good to me, and I feel very safe here.” This same person said of one carer, that they made them feel safe, “I would trust him with my life.” We found that these views were echoed by the other people that we spoke with. A relative told us that their family member, “Definitely feels safe here because of the caring staff and the environment being secure.” All of the people we spoke with told us they felt safe living at Burlington Hall Care Home and said that if they did not, they would always feel able to tell a member of staff.

The staff we spoke with told us they had received safeguarding training and would always raise any concerns to management or with external agencies, such as the local authorities or the Care Quality Commission (CQC). Through our discussions they showed an understanding of the different forms of abuse and were able to explain to us what they considered to be an example of a safeguarding matter, for example, financial abuse or unexplained bruising. They told us they felt confident any concerns they raised with senior staff or the registered manager would be dealt with effectively. One member of staff gave us an example of a safeguarding matter that they had raised and we found that lessons had been learnt from this. We saw that there were clear written instructions for staff that detailed how a concern must be reported and staff told us that this information supported their understanding.

We spoke to staff about how risks to people were assessed to ensure their safety and protect them. They told us that risk assessments were discussed with people and their relatives, and were in place to manage identifiable risks to individuals. Staff told us that it was important to ensure that risk management was done in a way that did not restrict people’s freedom, choice and control any more than was necessary. Staff said that risk assessments were always reflective of people’s current needs and guided them as to the care people needed to keep them safe; for example, one person who had recently lost weight, had a detailed risk assessment which guided staff as to the frequency of pressure care they required and the appropriate equipment that should be used by staff in supporting them. We found that individual risk

assessments had been completed for people and were updated on a regular basis. Examples included risks such as falls and skin integrity or visiting the local community and were personalised to each person. Each assessment had guidance for staff to follow to ensure that people remained safe.

We asked people if they considered that there was enough staff on duty to support them safely. Two people said that they felt there was always enough staff on duty and that staff had the correct skills to care for them. One told us, “The staff look after us. There’s enough staff on duty to help me whenever I want and whatever I do seems to be the right thing, the people around me are very helpful, what more could I want.” One member of staff said, “Yes I do think there are enough staff, of course it would be nice to have more, but we get done what we need to and people are looked after.” The registered manager told us that there was a consistent level of staff on a daily basis, which had been determined according to dependency levels and people’s needs. Staff said there was enough staff to meet people’s needs and we observed that the number of staff on duty supported people to engage in the activities that they enjoyed.

Staff told us that they had been recruited in a safe way. The registered manager said, “We always make sure that recruitment is done well. We need the right staff and we have to make sure they are safe to work with the people living here.” We were told that the relevant checks had been completed before staff worked unsupervised at the home; these included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The recruitment records that we saw confirmed this.

People told us they received their medicines on time and that staff administered additional medication, including pain killers when they asked for them and we observed this in practice. One person said, “I always get my tablets on time. Staff know when I like to have them and they always make sure I get them.” We found that medicines were managed in a safe manner and observed that people received them in a timely manner, with support to understand what they took. Most medicines were administered through monitored dosage systems and we found that staff kept a record of the stock of people’s

Is the service safe?

prescribed medicines which were stored in boxes. Staff had systems in place to check the stock of people's prescribed medicines and could evidence if people had received their medicines.

Medicines were stored securely in locked trollies in a locked store room, which was kept locked at all times when not in use. There was also a medicine fridge which was kept at an

appropriate temperature and we found records to confirm that regular checks were maintained. Controlled drugs stocks were checked by two staff to ensure medicines had been administered as required. Staff who administered medicines told us they were trained and their competency was observed by senior staff and we found evidence to confirm this.

Is the service effective?

Our findings

People told us that the care and support they received from staff was, “Second to none.” When we asked them why this was, they told us that the staff knew their needs and carried out their jobs instinctively. One said, “They just know what to do for me.” This view was echoed by relatives who told us that their family members received the right care at the right time and that it always met their needs.

Staff told us they had received a wealth of training which had benefitted them because it was relevant to the needs of the people who lived at Burlington Hall. We observed through their actions that they had understood the training they had received; for example, in respect of manual handling. We observed that full explanations were given to people when supporting them to transfer and for those people living with dementia, reassurance and distraction were used to support people. Staff explained that they had a range of training to support people and keep them safe, including safeguarding, moving and handling, infection control and fire safety. We found that staff working in the home received training on how to support people with dementia and they told us that this was very useful in helping them to meet people’s needs.

Staff told us that they received regular supervision and support from the registered manager and an annual appraisal. They said that they found this to be beneficial as it helped to determine future learning and development and to raise any issues or concerns that they had.

People we spoke with said that staff always asked them before providing care and support. One person said, “I like how we are asked, it is very reassuring.” We observed this in practice and saw staff gaining consent from people before supporting them with aspects of daily life. For example, one person required support with personal care. The member of staff who was supporting them asked, “Are you ready, is it ok to start now?” Another member of staff told us how important it was to gain people’s consent before doing anything with them. They said, “I wouldn’t like it if someone did something to me without asking, so why should we expect people to accept that sort of behaviour from us.”

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) (2005). There were systems in place to access professional assistance should an assessment of capacity be required. Staff were aware that

any decisions made for people who lacked capacity had to be in their best interests. During our conversations with the registered manager we found that they knew how to make an application for consideration to deprive a person of their liberty (DoLS). The service was therefore meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

When we asked people about the food they received, one person said, “The food is good, very good and very nicely presented. They never rush my meals and I get plenty to drink.” They went on to say, “I can ask for anything and they will help me.” Another person told us, “The food is very nice, it’s quite tasty and we get enough hot and cold drinks.” During our observations we saw that staff were attentive to people giving support to eat where required. The mealtime was calm and relaxed and people told us that it was sociable; they could enjoy talking to staff and other people.

Some people we spoke with had special dietary needs, and preferences and we found that these were recorded within the records. Kitchen and care staff had the information they needed to support people with their nutritional requirements and to ensure that a balanced diet was provided for people. We were told that if people didn’t want items on the menu that alternative choices could be offered. One person said, “There was one day that I did not want anything that was on the menu, the staff were good and I got what I wanted.”

Two of the people we spoke with were at risk of losing weight and of dehydration. We saw that systems were in place to monitor and manage these risks and that people saw nutritional professionals if required. Where people were not drinking enough nurses ensured referrals were made to the dietician and GP. Where people were identified at being at risk of malnutrition, staff took appropriate action; for example, people were weighed weekly and had access to fortified food.

Staff told us that they contacted GP’s, dieticians and speech and language therapists if they had concerns over people’s healthcare needs. One person had been referred to speech and language therapists for guidance and this guidance was being followed; another had been referred to the local hospital for follow up. We were told, “I would tell the staff if I wanted to see a doctor and they would make an

Is the service effective?

appointment, it's incredibly good here if like me you are on your own." Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs.

Is the service caring?

Our findings

People and their relatives spoke very positively about the home and the care people received from staff. They felt that staff knew how to meet their needs as they should be met. One person said, “They just know what to do for me, it is incredible. They are so good.” Another person told us, “I have no worries; they know what they are doing. I see them reading my notes and they understand what I need from that.”

People told us that the staff were very caring and that their dignity and privacy were always respected. One relative said, “They are absolute angels, they are passionate, very caring and attentive and they also protect residents dignity. Staff treat my [family member] with dignity and respect.” One person told us, “The staff do their best for me; they often go the extra mile.” We were also told, “I think the care I receive is good, to very good. I have a lot of faith in the staff.”

One person said, “I get absolutely brilliant care here, the staff definitely know and understand my needs. The staff always knock on my door and use my first name; they treat me with respect and observe my dignity.” This person added, “My family visit and are made welcome by staff and they are happy with the care I receive here.” Another person told us, “We have good carers who are always keen to help and they take the time to talk to us and our families when they visit. They treat us with dignity and respect.”

We saw that staff ensured people received their care and support in private and observed that staff paid respect to people’s dignity. For example, one member of staff told us that they made sure doors were closed so that people could not be seen during personal care and that they

always obtained consent from people before providing care. One person told us, “It makes me feel valued when staff ask me what I want; they must care for me if they ask me what I want.” People were treated with dignity and respect by staff and they were supported in a caring way.

Relatives told us that the home was friendly and that the staff were kind and caring. One person said, “We can do our own thing during the days and we can get up and go to bed whenever we want.” We observed that staff were polite and respectful when talking with people and that people looked relaxed and happy, talking openly about things they were interested in.

People were actively involved in their care and supported them to express their views about it and to make decisions about their care and treatment. For example, one person said, “When it comes to my care, I like to be in charge and say what I think should happen. Staff are good, they will let me say what I think and accept what I have to say.” Another person told us, “Yes, staff always ask me what I want and help me to do what I can.”

We saw that staff used people’s preferred names and showed warmth to people. People recognised staff members and took time to engage with them, smiling and in one case, hugging a member of staff. It was evident that staff took time to interact with people and we found that activities were not rushed and were completed at the pace of the person completing them.

All of the staff that we spoke with were able to demonstrate a good knowledge of people’s individual preferences and told us that evidence regarding people’s support was recorded. This information was used to engage with people and to ensure that they received their care in their preferred way.

Is the service responsive?

Our findings

People told us that staff were committed to meeting their needs and our observations confirmed that requests were attended to in a timely manner. For example, one person required support to attend to personal care and this was dealt with swiftly and attentively. Another person was waiting to be supported to go out into the community as this was something they enjoyed doing. They said, "Staff always help me to get ready as they know how much I enjoy my time out." Staff understood the importance of engaging people in appropriate activities to help them feel involved within their own care and support.

The activity co-ordinator told us they had time to talk with people to develop accurate records of what they liked to do. They said that this helped them plan activities to meet everyone's needs and where possible, tried to incorporate people's diversity; for example, cultural or religious needs. One person told us they would like to be able to access the internet. We found that this was something the home was trying to implement for people, with the activity coordinator trying to set up Skype so that people could communicate with family members or friends who could not visit on a frequent basis. Another person said that they had spoken with the activity coordinator about attending a church service and that this was being looked into on their behalf. This demonstrated that pastimes offered within the home were based on people's preferences.

People were given choice about how they spent their day and could engage in arts and crafts, going to a local coffee shop, playing ball games or cooking. People told us they enjoyed this part of the day and got a lot of enjoyment from such sessions.

Staff were involved in reviewing people's care needs and where required to ensure this was based upon best practice, professional support was sought. Relatives told us they were involved in the planning and the reviews of their relatives care and treatment. One relative said, "I've been

involved in their care. Staff always keep me informed of any changes." Another relative told us, "I'm very involved; staff always include me when needed." We looked at the care plans for ten people and found that care plans were updated to take account of any changes and reflected their needs. The service was responsive to people's needs because their care was regularly reviewed.

One relative told us, "They have a relatives meeting about every six weeks, management are very open about things and the minutes of the meetings are emailed to us." This person confirmed that the meetings were an opportunity to discuss anything of concern, ideas for activities and menu options or ways in which the service could be improved. People and their relatives told us they felt listened to by the registered manager and valued by staff and believed their feedback would be taken on board and acted upon to make improvements when required.

People knew how to make a complaint. One person said, "I've complained twice and each time the management have responded efficiently and swiftly corrected the problem." Another person told us, "I've know I could complain if I needed to and would be listened to, the staff are very good." There was guidance on how to make a complaint which was displayed on a notice board in the reception area. This listed contact details for the local authority and the Care Quality Commission. The provider's complaints policy stated all complaints would receive a written response and we found that all past complaints had been dealt with in line with the provider's policy. People told us they were always happy with the outcomes.

Staff and people told us that the registered manager had an "Open Door" policy and that they could come into the office and discuss any concerns they had about their support or the way in which the service was run. All of the staff we spoke with knew how to respond to complaints if they arose and told us they would ensure that these were passed on to the registered manager for resolution.

Is the service well-led?

Our findings

People and their relatives said the registered manager and senior staff were very approachable and good at their jobs. One person said, “Everything is about us, the people that live here.” They further explained this by saying that the service was well-led and acted upon issues that were raised. We observed the registered manager and staff talked to people throughout the day and spent time ensuring they were content and happy with the service they were receiving. Staff told us that they felt able to challenge any areas they did not agree with or felt could be improved. One said, “I am not worried about saying things, I know I will be listened to.” The registered manager told us they used staff and people’s feedback as a way of developing the service and making improvements.

During this inspection we met with the registered manager who told us they ensured that the home ran smoothly, was staffed sufficiently and provided good quality care for the people who lived at Burlington Hall Care Home. They also said, “It is my job to make sure we provide high quality care and have high standards for everything we do. We can learn from the things we do less well and improve things for everybody.” This meant that the registered manager understood their responsibilities and worked hard to ensure they contributed to the running of a good service.

The registered manager carried out relative and resident meetings and we saw the minutes of these posted on the notice boards throughout the home. People and their relatives told us they were asked for their views on a variety of matters and were encouraged to be involved in decisions and make suggestions for improvement. For example, one relative told us that they had made some suggestions to improve social events for people and that these had been taken on board.

Staff told us that there was effective communication between all staff within the home. We observed this during the inspection; for example, updates on people’s

conditions being given to relevant staff. We were also told that staff had regular handovers which gave them good information upon which to meet people’s needs and ensured that consistent care was delivered by a good team.

All accidents and incidents were investigated and any identified risk factors were noted and actions put into place. The registered manager discussed accidents and incidents with staff and made sure they learnt from them. We found that accidents and incidents were audited and analysed every month by the registered manager to look for lessons learnt. Staff told us that this was useful as they could try and identify patterns and trends which might have occurred and try to prevent them from happening again, so that the care delivered to people was bettered.

The registered manager told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on how to improve the service each year. We saw the results of the most recent questionnaire that had been sent out to gain people’s opinion on the service provided; and reviewed the action plan that had been developed from this which detailed the areas where improvement could be made. Staff told us they felt they could challenge aspects of care or service delivery that they disagreed with.

Staff told us that audits took place on a regular basis; which included care records and medication. We also found that the provider completed their own internal compliance visits to ensure that the care being provided was of a good standard. The registered manager told us that they received frequent support from the provider who monitored the service as a whole and ensured that the additional support was given when needed. There were various regular health and safety checks carried out to make sure the care home building and all areas were maintained to a safe standard for those people using the service, staff and visitors. This meant the service monitored the quality of the care they provided to make sure that it was safe, appropriate and met people’s individual needs.