Mentaur Limited

Burghley

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Burghley is a care home providing personal care for adults of all ages with learning disabilities, autistic spectrum disorder, mental health conditions, younger and older adults. At the time of inspection, three people were supported by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service
People received safe care, staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt competent supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored safely, and records showed they were administered correctly.

Staffing arrangements matched the level of assessed needs within the service and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care plans reflected peoples' likes, dislikes and preferences. Individual activities were in place, and people were supported to access activities they enjoyed with staff support.

A complaints system was in place and used effectively. The provider was keen to ensure people received good care and support and listened to feedback when provided. Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

Staff felt supported by the provider and manager and received regular supervisions. The provider was accessible to everyone and was open to suggestion and feedback.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
This service was registered with us on 28 February 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Burghley

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Burghley 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.

The service did not have a manager registered with the Care Quality Commission. However, a manager had been appointed and was going through our registration process. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the area manager, manager, senior support staff and support staff. We also spoke to one relative of a person living at the home by telephone.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, quality assurance, team meeting minutes, residents' meetings and health and safety documentation.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Burghley. For example, one person said, "[Staff] are brilliant, I know I am safe here." A relative told us, "I have no concerns about safety, I feel assured."
- Staff demonstrated their understanding about how to keep people safe, including recognising where people were at risk of self neglect. They knew how and where to report any concerns to. Records showed staff received up to date training about keeping people safe.
- The provider and manager fully understood their responsibilities to keep people safe and knew to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- People were supported to live full and active lives, risks associated with people's chosen lifestyles and activities were assessed and monitored. Risks assessments were evident in care files relating to individual choices and activities.
- Records contained clear guidance for staff to minimise known risks. For example, risk assessments guided staff to be aware of signs that people were experiencing anxiety.
- Fire and health and safety checks were in place. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People received support from staff that met their assessed needs. We observed staff responded to people's needs promptly.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- Medicines were managed safely. Effective systems were in place to ensure people received their medicines as prescribed. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff completed a medication administration record [MAR] for each person which gave an accurate record of medicines which had been administered.
- Staff had received training in safe medicines management and their competency to administer medicines had been assessed.

Preventing and controlling infection

● People lived in clean comfortable surroundings. Check lists and audits were in place for cleaning to ensure that people lived in clean hygienic environment. Staff had access to personal protective equipment for example, gloves and aprons for use when cleaning or providing personal care.

● People told us they helped to keep their home clean and tidy and we saw staff supported them to do so.

● The home had been awarded a five-star food hygiene rating; the cleanliness of the kitchen, management of food safety and food handling were all rated as 'good'.

Learning lessons when things go wrong

● There was an open culture where staff were comfortable to report any accidents, incidents or near misses.

● The management team regularly reviewed information when things did not work well or there were shortfalls in the service and shared the learning with staff. We saw that procedures had been changed in response to learning from incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed before they moved into the service. This was to ensure the home was the right place for them to live, and they received care and support in line with standards, guidance and the law. Staff included people, their relatives and other professionals involved in the person's care to help provide a comprehensive and holistic assessment of each person's care needs.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance. One staff member told us, "We are encouraged to do lots of training, and we have more face to face training now which is good."
- People who used the service had a range of specific health conditions. The provider ensured staff had the right training to meet these needs. For example, understanding autism.
- Staff received regular guidance and supervision, so they could competently fulfil their role. Managers worked alongside staff to share experience and good practice. Staff said they felt supported both professionally and personally and felt they could ask any member of the management team for advice or support.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff demonstrated their awareness of people's dietary needs and preferences and the importance of supporting them to maintain good nutrition and hydration.
- People were involved in making choices about their meals and staff supported them to have meals they enjoyed. One person told us, "We choose what meals we like every week. I had roast chicken yesterday, it was lovely."
- Staff understood people's specific risks associated with eating and drinking. They worked closely with each other and other people who lived at the service to ensure risks were managed but people could still access food independently. To enhance this, 'safer eating' examples were discussed in residents' meeting and this had proved effective. For example, what foods were safe to eat without cooking.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside health and social community services to support people to maintain their

physical and emotional health and wellbeing. Outcomes from appointments were clear and showed any follow up actions that were required. One person told us, "I have blood tests every month; the staff always take me."

● Staff knew people well and recognised when people needed additional healthcare support. They had raised concerns about people's health and wellbeing to the appropriate healthcare professionals and supported people to attend appointments as required.

● The staff team worked well with other providers to ensure a smooth transition in to the service. For example, staff spent time visiting a person at their previous accommodation to get to know them and their routines and support needs.

Adapting service, design, decoration to meet people's needs

●The home had been adapted to meet people's individual needs. The communal areas were bright and spacious and decorated to a high standard. There was a large enclosed garden for people to access and enjoy.

● People had the choice of how to decorate their bedroom. When rooms within the home were decorated people were involved and could help choose colour schemes and furniture.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● We checked whether the service was working within the principles of the MCA and found that they were.

● Records showed people's mental capacity had been assessed when their capacity to make a particular decision was questioned. Where restrictions were in place, DoLS applications had been made. No one had an authorised DoLS with conditions in place.

● Records showed, and people told us they consented to their care and treatment.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff consistently treated people in a kind and compassionate manner. We saw lots of laughter and individual caring banter between staff and people in the home within professional boundaries. Staff frequently spent time with people making for an inclusive and positive atmosphere.
- Staff spoke about the people they supported with kindness. They spoke confidently about the sort of support that made each individual secure and happy. The comments made reflected a staff team that respected and valued the individuality of the people they supported.
- People were encouraged and supported to maintain important relationships. Friends and family were made to feel welcome and valued at the home and (where appropriate) included in their loved one's support. One relative told us, "I am always made to feel welcome if I visit or call."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and how they wanted to live their life. This was recorded in people's care plans which were regularly reviewed.
- People were encouraged, and supported, to make decisions about their day to day support and routines where possible. Staff described, and we observed, how they took their lead from the people. Plans were made that could be flexible, so each person could influence how their day evolved.
- Pictorial support was available to help people understand their choices, for example, a weekly activity timetable. Staff took time to understand how people reacted to their choices, and what they liked.

Respecting and promoting people's privacy, dignity and independence

- The staff team treated each person as an individual, and this was embedded within the service. Each member of staff was committed to recognising people's diverse needs and embracing these with good effect. For example, by ensuring people could visit places that they enjoyed or had meaning to them.
- People's privacy and dignity was upheld; all personal care was delivered in private and personal information was securely stored and protected in line with General Data Protection Regulation (GDPR).
- People had control over their lives. Staff understood they were in a supporting role. We heard and observed many interactions involving people with making decisions, aiding in communication and planning activities together.
- Staff encouraged independence, to maintain people's skills and well-being.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's personal history, family members, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans. Care plans included details of what support people required. Staff were knowledgeable about the support people needed and this was provided consistently.
- Staff understood the importance of providing care that was centred around people's individuality, and this was embedded in day to day practice. People remained in control of their lives as much as possible.
- People and the staff team had built positive relationships and enjoyed spending time together. Staff took the time to find out about people's backgrounds and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good awareness of the AIS. Information was presented in different formats, such as pictures to aid people's understanding.
- Staff understood people's specific communication needs. These had been identified and recorded in care plans, so staff knew how best to communicate with people. This included how to present information to people in a way that assisted their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests. People enjoyed activities including roller blading, theme parks, bingo, meals out and many other activities.
- Staff respected people's cultural, religious and spiritual beliefs.
- The staff team were supporting people to look into volunteer/community opportunities, this process was in its infancy.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was accessible to people, relatives, visitors and staff. The complaints procedure included information about external agencies who could support people with complaints.
- Complaints, including smaller concerns, were investigated and responded to thoroughly. We saw a

response to person who had raised a concern, was in picture format which was their preferred method of communication.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person-centred culture in the home, people were respected and treated as individuals, resulting in them being empowered to live their lives as they wished.
- Outcomes for people were good with a focus on maintaining health, independence and leading fulfilling lives. The staff were committed to achieving good outcomes for people.
- Staff told us the provider and manager was approachable and accessible. Staff were confident any issues would be dealt with promptly. One staff member said, "The manager and I communicate really well. I wouldn't hesitate to contact the area manager out of hours if I needed advice or support, they are so supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was not a registered manager in post. However, an application had been received and accepted by the Care Quality Commission to register a manager and being processed at the time of the inspection.
- Staff were clear about their responsibilities and were positive about the leadership structure in place. One staff member said, "This is a great place to work; we are a great team."
- The manager regularly worked with staff to provide people's support. They also carried out audits of the service to maintain oversight of the safety and quality of the service and drive improvement.
- The provider was aware of the requirement to notify CQC and other agencies of incidents which took place that affected people who used the service.
- The provider and manager were aware of, and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to feedback about the service. This was informally over a discussion or telephone call, or formally through reviews of the service received. Quality assurance questionnaires were in the process of being sent to relatives and involved health professionals. The feedback will be used to inform and improve the service. Feedback received informally and at people's reviews and was positive.

● People were encouraged to attend meetings where information about the service was shared and discussed. For example, weekly residents' meetings took place to discuss upcoming events.
● Staff attended regular meetings and the management team valued their input to improve outcomes for people.
● Staff told us they received training relating to equality and diversity and that the provider promoted and open inclusive culture where people could feel safe in expressing themselves. This showed staff understood the importance of inclusion.

Continuous learning and improving care; Working in partnership with others
●The management team demonstrated an open and positive approach to learning, development and feedback.
● The service had links with external services that enabled people to engage in the wider community.
● The manager attended care forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.
● The provider listened to people and staff and responded to suggestions for improvement. One member of staff told us, "I feel fully involved in everything that happens in the home; I feel staff and residents have a strong voice that is listened to."