

Aps Care Ltd

Burlingham House

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service responsive?	Outstanding	
Is the service well-led?	Good	

Summary of findings

Overall summary

About the service

Burlingham House is a residential care home providing personal and nursing care to 26 people at the time of the inspection. The service was providing support to people aged 65 and over, some of whom were living with dementia, and people under 65 with mental health support needs. The service can support up to 49 people. The home provides accommodation in both a period building over two floors and purpose-built extension. There are numerous communal spaces and secure gardens. At the time of our inspection the majority of people were accommodated in the purpose-built extension.

People's experience of using this service and what we found

Everyone we spoke with spoke extremely highly of the person-centred care provided at the home and gave us many examples of the ways in which this had greatly improved people's quality of life. People were supported by staff who knew them very well and took the time to provide exceptional care and support in a way that met people's individual needs, preferences, promoted their human rights, and achieved very positive outcomes and goals, both physically and mentally. People were truly accepted as individuals and staff were highly empathic and understanding; this meant people were very well supported, especially when they showed distressed behaviours.

The systems in place enhanced the person-centred care being provided. Staff spent a lot of time and effort in engaging people on a one to one basis so various aspects of support including activities and menus could be developed in a way that met people's individual needs and preferences. It was clear that this had led to real improvements in outcomes for people. Staff recognised the importance of people's relationships with those outside the service and they actively supported this. Relatives consistently told us staff went out of their way to ensure both they and their family member felt supported. People at the end of their lives were sensitively and compassionately supported. End of life care planning was undertaken collaboratively, which helped to ensure every person-centred end of life care was delivered.

People were supported by enough staff who helped them to stay safe. Risks to people's safety were assessed and responded to. Staff identified safeguarding concerns and acted, including liaising where necessary with other agencies. People received their medicines safely. Infection control procedures to minimise the risk of infection were followed. Systems were in place to identify, report, and assess incidents that occurred. These were discussed collaboratively with those involved and staff.

The management team had changed since the service's last focused inspection. The current management team had instilled a clear and strong person-centred culture which was clearly understood and embraced by the staff team. The service was inclusive, systems were in place to help people and their relatives be involved in decisions about the service. The current management team had a clear focus on service improvement and put in place several actions that had improved the quality of care. This included strengthening and increasing audits as well as other quality monitoring systems such as incident analysis. The management team were committed and passionate about driving continuous improvement in the

home. They had engaged and developed relationships with other professionals outside of the service to help drive improvements and achieve good outcomes for those living in the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2019).

Why we inspected

We carried out an unannounced focused inspection of this service on 11 June 2019. The service was rated requires improvement. We undertook this focused inspection on 18 May 2021 to check the service had made improvements. This report only covers our findings in relation to the Key Questions, safe, responsive, and well-led as these areas were rated requires improvement at the last focused and comprehensive inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burlingham House on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

Outstanding 

The service was very responsive.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our safe findings below.

Burlingham House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

Burlingham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider had not been requested to complete 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.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, the regional manager, three senior care assistants, three care assistants, activities care co-ordinator, administrative assistant, activities co-ordinator, and a staff liaison officer.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with three health and social care professionals and received written feedback from one relative. We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Information on how to report safeguarding concerns was displayed throughout the service for both people, relatives, and staff. Staff we spoke with demonstrated good safeguarding knowledge.
- Staff were proactive at identifying and reporting safeguarding concerns. In one example we looked at, staff had identified a potential safeguarding concern and taken prompt advice and support. This helped address and prevent the situation from escalating.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe. Risks to people, including environmental risks, had been assessed and staff acted in response. For example, people were supported to reposition on a regular basis to prevent skin breakdown, and people at risk of falls were regularly monitored and supported with equipment. A healthcare professional told us staff were skilled at understanding people living with dementia and supporting distressed behaviour.
- Improvements had been made following our previous inspection. Systems on monitoring people at risk of malnutrition had been reviewed and strengthened. There was regular monitoring and oversight of what people ate, drank, and any changing risk.
- People, relatives, and staff told us people were safe living in the service. One relative told us, "There were a lot of risk assessments for Covid and they keep an eye on [family member's] eating and drinking and keep me informed about this via emails and telephone calls. They know that [my family member] will eat if other people are eating and that will stop if others do."

Staffing and recruitment

- A system was in place to assess and inform staffing levels in the home. The registered manager told us they used this system but also bore in mind other issues more specific to the home, such as the layout. The member of staff responsible for the rotas gave us a good account of how they balanced staff skills and knowledge when organising shifts.
- There was enough staff to meet people's needs. We observed staff around the service and present with people in communal areas. Staff told us there plenty of staff. One staff member said, "[Staffing] seems to be well managed."
- Staff had been recruited safely, this included undertaking character checks.

Using medicines safely

- Medicines were managed and administered safely. We identified a minor issue with the application of transdermal patches. This was discussed with the registered manager who took immediate action to address this.

- Information and guidance were in place for staff on how to administer people's medicines, this included medicines that prescribed on "an as required basis". People told us they received their medicines when they needed them.
- Staff had received training in medicine administration and their competency to do so was regularly assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- An incident reporting system was in place which supported staff to review and learn from incidents. This included identifying any patterns or trends which might have occurred.
- People and relatives told us they were involved in discussing and reviewing incidents. A relative said, "[Family member] has had lots of falls. They have dementia and they forget to use their frame. They are dealt with well. I'm always notified, how they fell, why they fell and where they were found."

Is the service responsive?

Our findings

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

At the last comprehensive inspection in 2019 this key question was rated as requires improvement. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

● People and relatives consistently told us they received exceptional person-centred care which delivered very positive outcomes. Staff clearly worked in innovative ways to ensure that people's needs were met in a holistic way. Numerous relatives and professionals told us staff knew their family members extremely well, understood their needs, and went over and above what they had expected in meeting these. This meant people's quality of life had drastically improved having come to live at the service. One relative told us, "There's been a 100% transformation in [family member] since coming to Burlingham House. Gained two stone in weight, rehabilitation which has been out of this world and they are walking again." They went on to say. "I never thought [my relative] would walk again, really gobsmacked. [Family member] looks well and is now making eye contact which they didn't do in the last place. They are even trying to talk again." The relative attributed the positive effect on the person's wellbeing to the encouragement, support and care provided in the service, which has improved their quality of life whilst living in the service.

● We received further comments from people's relatives which demonstrated their family members flourished and thrived since moving into the service, which was due to the tireless care, acceptance, and support provided by staff. One relative told us, "Before coming to Burlingham House, [family member] wouldn't eat or drink. They were disorganised and sad. Since coming here [family member] is singing and dancing and very very happy." Another relative explained how their family member's mental health affected them and they had been malnourished, weak and mentally very unwell. They added since moving into the service their family member had thrived. They told us, "[My family member] is hugely affected by their social circumstances and their mental health will fluctuate if they are not in the correct environment. In the correct environment they will thrive. Two years later [since living at Burlingham house] they are loving life, a healthy weight, their hair has grown back and their quality of life is the best it can be." They family member went on to tell us that the very responsive and effective care provided to their family member had also made a huge difference to their own life and they were able to relax and not worry about their family member for the first time in many years.

● Staff worked very effectively, collaboratively and creatively with people and their relatives to help ensure people's individual needs were met. We found numerous examples of innovation where staff had made a great deal of effort to understand people and their behaviours so people's quality of life could be improved. This enabled them to provide incredibly inclusive person-centred care that provided positive outcomes for the people using the service.

● A relative told us how staff had explored and identified barriers to their family member refusing personal care. The staff had taken the time to consider how they could best support the person and had put additional measures in place so that their family member would accept this support. For another person

staff identified barriers and objects in the person's bedroom and bathroom which were causing them distress and impacting on their care. They removed these objects and adapted the room which resolved the person's distress and had a positive impact both on their well-being and ensuring their care needs were met.

- We received consistently positive feedback from professionals involved in people's care which demonstrated how staff were supporting people in an extremely person-centred way to improve their well-being. One social care professional told us, "They understand [name's] condition and they have found their own way of understanding [name].". They went on to tell us how they had visited and seen staff had written the person's care plan in a very person-centred manner and, that they had identified small personal details about the person that would provide that person with reassurance. This ensured all staff were aware of the person and were able to provide consistent care to promote their positive well-being.
- Without exception, relatives and health and social care professionals told us staff were particularly skilled at supporting people's mental health and "seeing" the person underneath the diagnostic label. Everyone we spoke with provided us with examples that showed how this had meant people's episodes of distress had been greatly reduced or been prevented. One social care professional told us, "Burlingham House was amazing. They have never had these issues [distressed behaviour] because they take time with [name], with [name's] dementia they understand [name]".
- One relative said, "I really cannot recommend the home enough, they have turned my [family member's] life around. My only regret is they didn't move there sooner so their life throughout the very turbulent times of mental health relapse were more controlled." Whilst another relative told us how their family member had previously had to have one to one care due to their distressed behaviours, they told us this had not been needed at Burlingham House due to the care provided and their family member had, "Flourished" as a result.
- Person centred care was at the heart of the service, and this thread ran through the service's systems and processes. For example, to aid staff in ensuring they delivered support that met people's preferences, each person had a "summary" in their bedroom easily accessible to staff that provided very person-centred detail on their preferences and routines when staff were supporting them with personal care, getting up in the morning and going to bed. This ensured people were receiving consistent care from staff, which was in line with their choices and helped to reduce any anxiety.
- Systems were in place that enhanced and provided opportunities for people to have input into the day to day care they received, and staff worked collaboratively to ensure people's choices were promoted and respected. This improved people's well-being because they were being heard and valued. For example, every week each person helped to plan the menu for the following week. The menu was developed to fully incorporate people's choices, each week every person had a menu that featured their choices. The written menus further highlighted and celebrated each person's choice. A relative told us how much they appreciated that their family member had their choice of pudding on the menu and that this was particularly important due to the restrictive diet their family member had. We noted that this also highlighted the inclusive approach that staff took.

End of life care and support

- People received very compassionate and sensitive care at the end of their lives. Two relatives provided us with examples that demonstrated staff went over and above to provide support to both they and their family members. One told us their family member had a very close relationship with one staff member, who would come in early before their shift to sit with their family member, which provided them with comfort. The relative told us "[Staff] have bent over backwards to help us", they went on to tell us how the registered manager had put additional measures in place to help ensure their family member had a relative with them at the time of their death. They told us this had offered them a great deal of reassurance and had allowed them to care for their relative in the same way they had done throughout their relative's life.

- Another relative gave us an example of the extra care that staff took to support people at the end of their life. They said, "On my first visit to see [family member] in the home last month, one of the carers had bought flowers for [family member] to give me, this is going above and beyond their role." They went on to praise the extra effort staff took to make sure their family member was comfortable and happy. They said, "[My family member] is bedridden and the staff spend time with them. One of the carers sings to [family member] and sometimes [family member] will say a word. They've sent me a video of [family member] doing this. They don't leave [family member] out at all. They have their nails painted, their hands massaged and at Easter they had an Easter Bonnet in their room." Their relative told us "They really do all they can" which helped ensure their family member was included, felt cared for, and was comfortable as possible.
- People who were receiving end of life care had in place additional care plans titled "twilight support plans." These gave specific person-centred details around people's needs and preferences, such as what music they might like playing, the lighting and humidity of the room. They were aimed at making sure the person was comfortable and receiving the care they would like and was personal to them. A relative told us, "[Family member] is receiving end of life care, they [staff] know [family member] loves [band name] and they play their tape for them. They send me photos and [family member] always looks settled."
- Staff supported all people in the service to think about the care they wanted to receive at the end of their lives. This was documented in their care records and included their views regarding any spiritual or cultural needs.

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

- Activities were planned in a very person-centred way that took in to account people's individual preferences and interests. The activities coordinator visited people individually on a one to one basis each week to discuss and plan the activities they wanted to participate in.
- Staff went over and above to celebrate people's strengths and ensure they participated in activities they loved. We heard many examples of this, for example, one person had a love of cooking and staff supported them to write recipes, one of which was being published in a cookbook, and staff were supporting the person to attend the book launch. This had really helped to increase the person's confidence and wellbeing. Another person had a love of motorbikes and a staff member brought their motorbike in to the service to support the person with reminiscence, whilst a third person loved to write letters and staff had put in place a post box in a corridor which they emptied daily to post the person's letters. For a fourth person their family and the staff had worked together to put a pool table in the home. Their relative told us that their family member loved to play pool and would often be unsettled at night, they said, "[My family member] would often want to play pool with staff at 3am in the morning and they would make time for them." This demonstrated truly person-centred care which ensured staff were made available for the person to participate in their chosen activity whenever they wanted to. These examples demonstrated how people's wellbeing and quality of life were enhanced through the person centred approach to care that was clearly understood and implemented by the whole staff team.
- Activities and events in the home were inclusive of everybody, considering people's individual needs and preferences. Special attention was paid to those people that were cared for in their bedrooms or reluctant to leave their rooms. For example, staff decorated the walls outside one person's bedroom that were visible to them with items they knew the person liked. They also got stickers of animals the person loved and encouraged the person to decorate their bedroom walls.
- Staff understood the importance of ensuring important relationships were maintained. For example, staff supported people to celebrate their relationships by creating special dining spaces, with flowers and special meals, for occasions such as Valentine's day or wedding anniversaries. Relatives told us the communication between themselves and the service was extremely strong, even during the COVID-19 pandemic relatives felt involved and connected to their family members. Two relatives told us how the registered manager would

adapt how they communicated with them taking in to account their individual needs and circumstances.

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 were mindful of people's individual communication issues and adapted how they supported people. For example, one person in the service had particular sensory needs, staff incorporated these into the care they provided using them as communication tools to enable the person to understand what was happening. This required the staff to take additional time to ensure that their communication was effective. We saw this taking place during our inspection and the positive impact it had for that person.
- Adapted dementia friendly signage was in place to help people navigate around the service independently and dementia friendly design principles had been incorporated. Staff plated up mini versions of the food being served to assist people in understanding and choosing the food on offer.
- Each person's communication needs were assessed and a section on AIS was included.

Improving care quality in response to complaints or concerns

- People were actively encouraged to give their views on the service provided and these were valued and listened to. For example, people were involved in the recruitment of new staff as well as the refurbishment of the home. The registered manager had brought in colour swatches, and people were able to choose how their bedroom was decorated, with the opportunity to join in painting their rooms too. This demonstrated people and staff worked collaboratively and people had a voice in how their home was staffed and decorated.
- The registered manager was proactive at identifying and addressing issues before they became larger problems. For example, one person had raised with the manager that a room they had recently moved to hindered how they navigated around the service. The registered manager took time to consider how best they could involve the person in making their own decision. They arranged for the person to look at all the other rooms available and supported them to try out the routes from each room around the service. This resolved the issue for the person and increased their independence and wellbeing.
- People and relatives, we spoke with told us they had not needed to complain and were extremely happy with the standard of care provided. They said they would feel comfortable to do so if needed and had confidence and faith that the registered manager would do their best to put matters right. One person told us, "I could raise issues if needed to and they would take me seriously." A relative said, "The manager is brilliant. I can relax as [my family member's] care is excellent". A second relative told us, "Burlingham House absolutely deserves an outstanding CQC rating."

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.

At the last focused inspection in this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear person-centred culture. Staff told us the management team placed a clear emphasis and expectation on providing person-centred care. One staff member told us, "[The care] is based around what that person likes or wants, very much so, I think that's why I like being here". A healthcare professional told us, "It's very calm, [staff] have lots of time, it just seems beautifully run and they are so patient focused".
- Systems were in place to help ensure people, relatives, and staff were included in decisions about the service. Regular online family and resident meetings took place, as well as staff meetings. One relative told us how the management team adapted this approach for them to ensure they were involved. A staff member told us, "Management they listen to you, they try and sort things out if you think there is a problem, they do it in good time".
- There was a strong culture of consulting and listening to people using the service. For example, the home was in the process of being refurbished and each person was being supported to make decisions on how their room should be decorated including choosing the colour.

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

- Requirements under duty of candour had been met. The registered manager notified appropriate bodies as necessary when incidents occurred. People and relatives told us any incident that occurred was discussed with them. A relative said, "[Staff] kept me informed and did everything they should have. I have confidence in all they do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the previous focused inspection in 2019 a new management team had been put in place. The current management team had a clear focus on service improvement and put in place several actions that had improved the quality of care. This included strengthening and increasing audits as well as other quality monitoring systems such as incident analysis.
- The management team had also focused on improving communication and clarifying job expectations. They had introduced several meetings, such as clinical meetings, handover meetings, and daily stand up meetings with heads of department. Job roles had been evaluated and job specific inductions put into place. Staff told us they were clearly guided and supported to fulfil their role. A staff member said,

"[Registered manager] is direct but when I say direct, I don't mean unprofessional. They are great, I know what they expect and what they want but at the same time is very supportive".

- The management team were committed and passionate about driving continuous improvement in the home. They were keen to engage in projects to help them drive best practice. They had volunteered to take part in a project designed to evaluate and support people at risk of falls.
- The management team were receptive and open to discussions and learning from our inspection.

Working in partnership with others

- Staff worked closely with other professionals to help provide good quality care. The health and social care professionals praised the service, telling us staff worked collaboratively to help people manage their care needs. One said, "I've never been anywhere where I've been quite so impressed." Another said, "I've got nothing but praise for them".