

Burleigh House Limited







Burleigh House

Inspection report

Leek Road
Stoke-on-Trent
Staffordshire
ST10 1WB
Tel: 01782 550920
Website:

Date of inspection visit: 3 October 2014
Date of publication: 31/03/2015

Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Overall summary

We inspected Burleigh House on 3 October 2014. Burleigh House is a residential home, registered to provide accommodation and personal care to a maximum of 15 people. At the time of our inspection, 13 people used the service.

At our last inspection in April 2014, the provider was not meeting the essential standards of quality and safety. This was because where people did not have the capacity to consent to their care; the provider did not act in accordance with legal requirements. At this inspection, we saw that improvements had been made to ensure

that people consented to the care they received. People who used the service and professionals were involved in discussions about people's ability to consent to their care. We saw that records were maintained to reflect people's ability to consent to the care they received.

People's liberties were at risk of being restricted inappropriately. The legal requirements of the Mental Capacity Act (MCA) 2005 were not always followed when people were deemed to lack the capacity to make certain

Summary of findings

decisions relating to their care and treatment. The MCA and Deprivation of Liberties Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interest.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff did not recognise and take appropriate action when people were at risk of abuse. The provider did not always carry out necessary risk assessments to ensure people's safety when they accessed the surrounding grounds.

People told us that they felt safe at the home. We saw that the provider took steps to ensure that people remained safe within the home. There were adequate numbers of staff to provide safe care.

People were cared for by staff that knew them and understood their needs. We saw that the staff knew the people they cared for and understood their individual needs.

People who used the service told us that staff were caring. We saw that people were supported by polite, kind and caring staff. People were encouraged to express their views and be actively involved in making decisions about their care. The decisions people made were respected by the staff.

We found that people's care needs were assessed; care planned and delivered in a consistent way that met their individual needs. Information and guidance about people's preferences was used by staff to ensure that people received appropriate and consistent care. People's concerns and complaints were responded to appropriately.

People who used the service, their relatives and the staff were very complimentary about the registered manager of the service. The registered manager had a hands-on management style and people told us that they encouraged an open and transparent culture in the home.

We identified that the provider was not meeting Regulation 18 of the Health and Social Care Act 2008 Regulations and improvements were required. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

People were not always protected against the risk of abuse because staff did not always recognise abuse and take appropriate action

Environmental risk assessments were not in place to prevent potential accidents when people accessed the outside grounds.

There were adequate numbers of staff to meet people's needs. Additional staff were called in when people's needs increased.

People's medicines were managed safely.

Requires Improvement



Is the service effective?

The service was not always effective.

People's liberties were at risk of being restricted. Legislation was not always followed to ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were cared for by staff who understood their care needs knew how to meet these needs. Staff obtained consent before care was provided

A variety of food and drink was available and people were supported to maintain a healthy and balanced diet.

Requires Improvement



Is the service caring?

People told us and we saw that they were cared for by staff who demonstrated kindness and compassion when they provided care.

Staff knew people's need, likes and dislikes and provided care in line with people's wishes.

People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good



Is the service responsive?

People's care plans were person centred and their individual needs were met in a timely manner.

People were supported to raise complaints. The provider responded effectively to people's complaints about the service.

Good



Is the service well-led?

The provider did not always have effective systems on place to monitor the quality of the service provided.

Requires Improvement



Summary of findings

The registered manager was always available and people told us they were approachable.

The provider promoted an open culture within the service and support staff to carry on their roles effectively.

Burleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 3 October 2014 and was unannounced. Two inspectors undertook the inspection.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team.

We asked the provider 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We spoke with six people who used the service, three staff members, the deputy manager, the registered manager and two relatives. We also spoke with two visiting professionals, observed how care was provided and looked at people's care records to help us understand their care and support needs.

We observed how general care was provided and carried out a lunchtime observation to see how people were supported during meals in order to help us understand people's mealtime experiences.

We looked at six people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Is the service safe?

Our findings

We saw one person who was making threats to other people. Some people who used the service had complex needs and dementia and staff told us that person the person regularly made verbal threats to these people. Staff we spoke with were aware of the different forms of abuse; however, staff we spoke with did not feel that this had to be reported as safeguarding although we saw people may be at risk. A safeguarding referral aims to notify the local authority's safeguarding team about a concern so that appropriate interventions can be put in place to prevent and to protect people from abuse.

People were at risk of harm when they accessed the outside ground. The provider had not carried out environmental risk assessments to ensure the safety of a fish pond which was located within the grounds. The fishpond was not adequately secured. Other people who visited the service had raised concerns about the safety of the fishpond but the provider had not acted on these. The maintenance person acknowledged that the pond posed a potential risk to people who used the service and stated that they had plans to fill it up because it was not in use.

All the people we spoke with told us they felt safe at the home. One person said, "Yes I feel safe here. If anybody comes here, they have to ring the bell first before they can come in." A relative said, "It's as safe as home here, I have peace of mind." People had to ring the doorbell in order to

be let in and staff asked to see people's identification before they came into the home. Visitors had to sign in when they arrived and sign out when they left the premises. This ensured that access into the home remained safe in order to maintain people's safety.

One person told us, "I always have an address and phone in my pocket when I go out, and a telephone number of this place." We saw that the person had risk assessments and management plans in place to ensure their safety when they were out in the community. This showed that the provider had taken appropriate measure to ensure the persons safety when they were out in the community.

All the people we spoke with told us that staff were always available to support them. There were sufficient numbers of staff to provide care and support. We saw that staffing numbers were flexible to provide extra support to people when they needed it. We saw that an extra member of staff was called in on the day because one person who used the service needed extra support.

We observed staff administering medicines safely. People told us that they received their medicines on time. People told us that they were given pain relief medicines when they were in pain. Staff said that they had cared for most of the people over a long period of time and knew when people were in pain if they could not verbally communicate this. We saw that there was guidance for staff on when and how 'as required medication' (PRN) should be administered.

Is the service effective?

Our findings

In the previous inspection of the service in April 2014, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found improvements had been made, although further improvements were still required because we identified that people were being restricted.

We saw one person who regularly requested to go home and said they did not want to stay at the home. It had been identified in the person's pre-admission assessment that they sometimes asked to go home and had been known to become anxious and unsettled if they were not allowed to go. The person had been assessed as lacking the capacity to make certain decisions but the assessments had not identified what decisions could be made in their best interest, including whether they were safe to leave. Staff we spoke with told us the person did not have capacity and they could not allow the person to go home because they could not keep themselves safe.

The Mental Capacity Act 2005 (MCA) sets out requirements that ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The Deprivation of Liberty Safeguards (DoLS) ensure that when people have their liberty restricted this is done in a manner that protects their human rights. From discussion with staff and observation we saw that the person may be unlawfully restricted of their liberty and this was a breach of Regulation 18 of the Health and Social Care Act 2008.

We reviewed the care of a person who had a 'Do not attempt Cardio-Pulmonary Resuscitation (DNACPR)' order in place. The person had been assessed as lacking capacity to make certain decisions about their care and their relative was granted legal powers to make decisions on their behalf about their care and finances. We saw assessments which indicated decisions that could be made in the person's best interest. Their relative told us they had been involved in discussion about their relative's wishes not to be resuscitated in the event of a cardiac arrest. This showed that the provider had made suitable arrangements to obtain and act in accordance with the consent of the person and the relative responsible for making decisions about their care.

One person who presented with behaviours that challenged was supported by staff that had knowledge about how to support them during such periods. We saw the person shouting and swearing at other people who used the service and staff. Their records showed that this happened regularly. We saw that when the person became anxious, staff sat with them and read to them and used other techniques to distract the person. We observed that the person calmed down when they were being supported by staff. Staff were able to describe the various distraction techniques which they used when the person presented with behaviours that challenged. However, records did not always reflect the strategies that were described to support the person when they presented with such behaviours or prevent the behaviour from occurring.

We observed two members of staff using a moving aid to transfer a person from a chair on to a wheelchair. We saw that the staff took time to explain to the person what they were about to do. We saw that the staff made the person feel supported and actively engaged throughout the process. We checked the person's records and saw that the right equipment and moving and handling techniques had been used.

All the people we spoke with told us that there was enough to eat and drink at the home. One person said, "The meals are very nice. We can get whatever we like." We saw that people had access to food and drink throughout the day and those who required assistance to have their meals or drinks received the assistance they required from the staff.

One person said, "The food is very good, I can't grumble. You can have a choice if you want one". We saw that fresh food was cooked on the premises and people were given a choice of food during meals. Arrangements were in place for people to have their dietary needs accessed by nutritional specialists. We saw that staff acted on recommendations made by nutritional specialists.

We saw that health care professionals visited the service regularly to ensure that people received appropriate care that met their needs. Visiting health care professionals told us that staff made regular contact with them when there were concerns. A GP visited the home regularly to review people's healthcare needs.

Is the service caring?

Our findings

Staff knew people's like, dislikes, preferences, and provided care to meet people's individual needs. One person said, "[Staff name] knows how I like my tea." Another person said, "I like my bed, so they don't get me up before 10am, that's why I'm having my breakfast now." We saw that this person had their breakfast later in the morning. People told us that staff supported them to choose what they wore. We saw that all the people looked clean, well dressed and cared for by polite and caring staff who respected their wishes.

The provider supported people's religious needs and beliefs. We saw a member of staff reading religious literature with a person who was known to sometimes express their religious beliefs to staff. Another person told us, "I am very much a Catholic and every Wednesday afternoon, I have a Eucharistic minister who brings me holy communion".

People told us that they felt free to express their wishes and staff acted on them. One person said, "If I mention that I like something, I guarantee that I get it. Whatever I request, I get." People told us that they were supported and encouraged to express their views and were actively involved in decisions about their care. Relatives confirmed that people received care in line with their wishes.

People were very complimentary about the attitude of the staff and the care staff demonstrated. One person said, "I'm quite happy here. All the people are very nice to me". We saw that staff spoke with people respectfully and treated them with dignity. We saw that staff knocked on people's doors and waited before entering their rooms. We saw that when staff moved people using hoists, they ensured that the people were covered so that their legs or other parts of their body were not exposed.

People were encouraged to be as independent as they wanted to be. One person told us that staff encouraged them to do, as much for themselves as possible, but staff were always available if they needed any supported. This had helped maintained the person's independence. We saw signage around the building to help people understand their surroundings

People who used the service told us that the environment was very homely. One person said, "I like gardening. [Registered manager's name] says this is your home. I buy flowers sometimes and do the gardening." A relative said, "It's like home from home. "[Person's name] is happy, comfortable, well fed, looked after and clean". This showed that provider supported these people to feel at home away from their usual homes.

Is the service responsive?

Our findings

People who used the service told us they received an assessment and were given information about what to expect before they came to the service. One person said, “The owner came to my bungalow and talked to me and my daughter about food and other things.” We saw records that showed that prior to using the service, people received comprehensive assessments of their health and social care needs to ensure that the service was suitable and could meet their needs.

One person had expressed the wish to have their medication at a specific time of the morning because they did want to wake up early. The person said, “I like my bed, so they [staff] don’t get me up before 10 am, that’s why I’m having my breakfast and medicines now”. A staff member said, “[Person’s name] likes to have a lie-in so we give her medicines later”. We saw that staff respected the person’s wishes. The person’s care record had information about their wishes.

People were involved in various activities within the home environment and the community. One person we spoke with told us, “Sometimes, we all go out to the pub.” Another person told us, “A lady [The activities coordinator] comes twice a week. She is coming today from 2pm until 4pm. People told us that they enjoyed the activities which took place in the home. We observed people engaging in a game of Bingo and they told us that they enjoyed it. Other people who were not interested in the planned activities were encouraged to engage in other activities. One person who did not take part in the game of Bingo said, “I usually play cards with [Person’s name] and the care worker”.

The provider had a complaints policy and procedure in place. People told us that they had not had any reason to make a complaint and were happy with the care they received. A relative told us that they had raised ‘little grumbles’ in the past and they were responded to. We saw that the complaints had been responded to appropriately. The provider also kept a record of concerns in a book, which they called the ‘Grumbles book’. We saw that concerns recorded in the book had been responded to appropriately.

Is the service well-led?

Our findings

The provider carried out quality monitoring audits and checks but these were not always carried out consistently, or concerns identified during these audits were not always acted on. For example, audits of medicine administration records (MAR) were not carried out regularly. We identified gaps in people's MAR which were unaccounted for and which had not been identified by the provider. We saw that actions identified following maintenance audits and infection control checks had not been carried out. These showed that the provider's systems for monitoring the quality of the service provided were not always effective.

The provider did not always submit notifications such as notifications relating to the death of a person who used the service. It is a registration requirement for providers to notify us of such events.

People who used the service and their relatives were in the process of responding to a quality survey of the service. We saw one person had expressed the wish to go to the pub for a meal in their survey. The registered manager told us, "[Person's name] said that they wanted to go out for lunch, so we've organised a trip to the pub for next week with four other residents"; [Person's name] asked for chicken curry; we provided that". This meant that the provider had responded to comments provided by people about the service. We saw that all the comments made by respondents were positive.

All the people we spoke with knew who the registered manager was and told us that they were always available. One person said, "[Registered manager's name] sees that everything goes smoothly. If there's any problem, she sorts it out."

People told us that the registered manager was approachable and they felt that they could raise any concerns with them. One person said, "[Registered manager's name] is very particular. If there's any problem, she sorts it out". Another person said, "She's a marvellous boss."

Staff members told us that they had regular supervision and staff meetings and their concerns were acted on. Staff told us that the registered manager was supportive and they could approach them if they had any concerns. A staff member said, "[Registered manager's name] is a very good listener".

A staff member told us that the registered manager had recommended that they started a management course and that they were currently working toward a management diploma in Adult Social Care. The registered manager told us that they were beginning to delegate some management responsibilities to some staff. This showed that the provider supported these staff members to develop the team and in order to improve the quality of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.