

The Edmund Trust

# Pauline Burnet House

## Inspection report

1 Pippin Drive  
Chesterton  
Cambridge  
Cambridgeshire  
CB4 1GL

Tel: 01223883130

Website: [www.edmundtrust.org.uk](http://www.edmundtrust.org.uk)

Date of inspection visit:  
05 February 2019

Date of publication:  
06 March 2019

## 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

Pauline Burnet 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 care home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism living in the home can live as ordinary a life as any citizen.

Pauline Burnet House is registered to accommodate up to nine people with learning disabilities, autistic spectrum disorder and/or physical disability. The home is located on the edge of the city of Cambridge. Shops and other amenities are a short walk from the home.

At our last inspection in July 2016 we rated the home 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

This inspection was completed on 5 February 2019 and there were nine people living in the home at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. The registered manager understood their responsibilities in relation to notifying CQC of certain events that happened at the home.

People continued to be kept as safe as possible because staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Potential risks to people had been recognised and information on how to minimise risks had been recorded as guidance for staff to follow. People received their prescribed medicines, which were managed safely. There were enough staff on duty with the right mix of skills to meet people's support needs.

People continued to receive an effective service because their needs were met by staff who are well trained and supported to do their job. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice. People's nutritional needs were met by staff who knew each person's needs well. People's health and wellbeing was maintained and they had access to a range of health and social care professionals.

People continued to receive good care because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and could continue with interests, activities and friendships outside the home. Staff ensured people remained as independent as possible.

People continued to receive a service that was responsive. People and their relatives (where agreed) were involved in their personalised support plans and reviews. The information about them in relation to their care and support was up to date. People were encouraged to take part in a range of activities that they enjoyed and were the choice of the person at that time. This helped promote social inclusion. More information was required to support people with end of life care should this ever be needed.

People continued to receive a service that was well led. Quality assurance systems were used to check that the staff provided quality care and the manager made improvements where necessary. People were encouraged to share their views about the quality of the home provided.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Pauline Burnet 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 comprehensive inspection took place on 5 February 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the home including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning and quality teams and safeguarding team, to aid us with our planning.

We observed interactions between people and staff and the support offered to people. We spoke with three people living in the home and looked at two people's support plans.

During the inspection we spoke with the operations manager, one senior care staff and three care support staff.

We also reviewed a range of relevant documents relating to how the home was run including accidents and incidents, audits and information from an internal quality audit completed on 29 January 2019.

# Is the service safe?

## Our findings

People were protected because there were processes in place to minimise the risk of harm for people. Staff told us they had completed regular updated training and understood their responsibilities in how to keep people as safe as possible. There were posters in the home, in an easy read format, which explained the different ways people could raise concerns and about how they were feeling.

Staff told us, and information recorded in people's files showed, that potential risks for each person was documented. Potential risks included medication, falls, travelling in the minibus and finances. Staff told us how they minimise risks for people, and ensured people were enabled to take risks but remain as safe as possible. We saw that some risk assessments could be improved. The operations manager agreed and told us that their internal audit, completed in January 2019, found that some risk assessments needed more information and that steps were underway to update those risk assessments as soon as possible.

We could see that people were supported by sufficient numbers of staff who had the right skills mix to support them and keep them safe. Staffing levels were assessed in relation to the needs of the people in the home. Information provided prior to the inspection showed that "We work with the Learning Disability Partnership to agree the level of support a person needs. There is often negotiation when an individual has increased support needs and may require one to one support." Staff said that there were enough staff during the day, but were concerned that there were some night shifts when there were only agency staff on duty. The operations manager said that the agency staff were regular and provided the continuity for people. As far as possible the agency staff worked alongside with a permanent staff member, but agreed there had been times when only agency staff were on duty. The operations manager sent information after the inspection to evidence that the agency staff used, had the necessary training in all aspects of care for the people living in the home. The operations manager said the provider was currently recruiting four full time equivalent day staff and two full time equivalent night staff.

The operations manager confirmed that the providers recruitment process, to ensure staff were only employed after appropriate checks, was still in place.

We checked and found that people were kept as safe as possible because staff had stored, managed and recorded administered medication appropriately. The operations manager confirmed that the most recent audit showed that medicines had been administered and the numbers of medicines was reconciled. There were protocols in place for medicines that were to be taken 'as required'. The operations manager said that all staff were trained and a medication administration competency check was completed each year. Staff confirmed that was the case. People were administered their medicines in their bedrooms. Their medication was kept in their bedrooms in a locked box.

There were plans in place in case of an emergency, such as a fire and there were completed personal emergency evacuation plans for each person living in the home. A member of the fire service had been to the home in January 2019 and checked fire procedures. The senior support worker said that information had been passed to the company that owned the building to ensure required changes were made as soon

as possible.

Information provided before the inspection showed that there was a weekly checklist of equipment monitoring undertaken by staff. We checked some of these including fire safety checks and drills, water temperatures, vehicle checks and emergency lighting.

We saw that the home looked clean and tidy and a cleaner was employed to undertake those tasks. Staff told us how they prevented the spread of infection and the use of personal protection equipment such as gloves, aprons and masks where necessary. Each person's clothing was washed separately and red bags were used for soiled items.

Staff told us how they recorded any incidents and accidents. They also told us that information in relation to lessons learned was discussed at team meetings and, where necessary, a new risk assessment was completed. This meant risks were reduced for the future as far as possible.

# Is the service effective?

## Our findings

The operations manager said that assessments of the care and support needed by people would be carried out before the person came to live in the home. There were details that described how staff could provide people with choices in their health and social care support. Staff were able to tell us, in depth, about individual people's care and support needs and how they ensured people's level of independence was maintained.

Staff told us they were supported to complete on-going training so that they were able to provide effective support for people. Staff confirmed they had regular supervision and yearly appraisals. One staff member said, "Management is good. I get supervision once a month and an annual appraisal. I'm doing my NVQ Level 3." Staff said they had received specific training in relation to areas such as epilepsy to meet people's specialist needs.

People told us, and we saw, that they were supported and involved in choosing their meals and drinks. We saw that people's independence and choice was promoted when they all went out for lunch (to different pubs and cafes) and on return told us what they had eaten and how they had enjoyed it. Staff said that meals in the home were discussed with people. Pictures were provided so that people could choose the meal they wanted that day if they were unable to verbally tell staff.

People continued to have access to the necessary health and social care professionals. There were details of GP, optician, dentist and health treatment visits. We noted that people were supported by staff to attend any hospital and other appointments that were made. Information provided prior to the inspection showed that a person admitted to hospital was accompanied by staff so that hospital staff had the necessary information to provide appropriate care. The operations manager said that the person remained in hospital staff from the home attended each day and sometimes overnight to support the person.

People had safe access to all areas of the home and gardens.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We saw that people living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. There was evidence that DoLS applications to the local authority had been made. Staff understood the MCA and we saw that people were continually offered choices in all areas



of their care and wellbeing.

## Is the service caring?

### Our findings

People were treated with respect and kindness. We saw that people were happy and smiling when talking with staff. One person said, "Nice staff." We heard and saw how staff interacted with people and there was a lot of chatter, laughing and positive responses from people. This showed us that people were looked after and cared for in a kind and considerate way.

Staff told us about individuals that showed they knew each person well, including their likes and dislikes. Staff communicated well with people and made each person feel that they mattered.

People continued to be supported with personal care in the privacy of their rooms. Staff told us about people's choices of baths or showers and that people could choose to have a specific gender of staff for personal care if they wished. Two people told us they had chosen the clothes they were wearing, which helped them maintain their independence. People we saw looked very smart, clean and tidy, which showed staff respected people and ensured this was maintained.

One staff member told us about a person who had needed a lot of support when they returned from hospital after many weeks. The person had been very unwell but gradually they had improved and was now able to walk and get upstairs. The member of staff showed compassion and kindness in the way they told us about the person, as well as explaining how much more independent the person had become because of the care of staff in the home and other health professionals.

Staff were able to tell us about the people they supported and knew how to provide the care they needed. We saw that individual routines in relation to day centre attendance and activities for people were detailed in their support plans.

Staff told us how they ensured people's privacy and dignity in a way that did not take away their independence. We saw that staff supported and treated people with respect. Confidential information was only discussed in private and people's personal records were stored securely.

## Is the service responsive?

### Our findings

We saw that end of life support plans did not have the necessary information for staff to ensure people were supported in a comfortable, dignified and pain free death. The operations manager said that they were aware that the support plans were not adequate and changes in the plans were underway. Staff said that appropriate health care professionals were always requested when necessary and especially if palliative care was needed.

Staff told us they involved each person and their relatives (if appropriate) in planning all areas of personalised care and support so that their needs could be met in the home.

Information sent prior to the inspection showed that, "We plan with individuals and ensure that this happens in places and at times when they are able to connect and communicate in their preferred way. It usually takes some time to gather information so anything they particularly seem to enjoy is captured in their person-centred plan." We saw individualised support plans which detailed, for example, people's likes, dislikes and preferences and the overall information was adequate. The operations manager said that their January 2019 audit found improvements were needed in the support plans as they were not as detailed as the provider required. We observed how staff interacted with people in a positive way and provided appropriate choices in line with the person's support plan. We found that the support plans considered people's changing needs and had their wishes in relation to their needs and their choices recorded. All support plans were reviewed regularly and discussed with the person.

Staff said there were daily handover meetings for staff so that information about each person in the home was updated for staff coming on duty. There was also a handover folder that provided written information of areas such as policy or procedural changes that needed to be read by all staff.

People continued to be supported by staff to access the community and follow their interests. For example, people attended day centres went to the cinema, swimming and arranged holidays and day trips. On the day of inspection everyone went out for lunch to the choice of their pub or café. On returning they told us they had enjoyed themselves and liked the meals they had eaten.

People are supported to maintain contact with family and friends. People had access to e mails, telephones, Skype and help with sending birthday and other greeting cards. We saw that one family communicates with staff using a small book. The book is sent with the person when they go to visit and stay with their family. Staff explained how religious faiths were upheld and any needs met.

We saw that there had been no complaints in the last year. There was an 'easy read format' complaints policy in the hallway and staff knew how to raise any concerns for people.

## Is the service well-led?

### Our findings

There was a registered manager in post but they were not available at Pauline Burnet House at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. The registered manager was aware of their legal responsibilities and the required information they needed to submit to the CQC. This included notifications of events that had taken place in the home, which they were required by law to notify us about.

The management and seniors in the home promoted an open and transparent culture within the home. Staff told us the management and team leaders were 'very approachable'. The operations manager said that people, relatives and staff were in the process of completing the 2018 quality assurance questionnaires. The information had not been collated and therefore there was no further information available at the time of the inspection.

'Residents' meetings were held regularly every two months and we saw the minutes of them. People were told about improvements in the home, birthday celebrations, holiday discussions, changes in key member of staff for anyone (if necessary) and events occurring. There was also feedback from people about things they wanted to do and foods they wanted to try. We spoke with people and they told us some of the things they wanted had taken place. One person was also attending the Peoples Action Group.

Staff said they attended regular staff meetings and could discuss anything about the home or people living there. They commented that the meetings were also used to inform staff about any improvements needed after any incident or accident had occurred. One staff member said, "Before the meeting there's a list [agenda] and you can put anything that you want to discuss on it. At the meetings we look at any changes that we need to implement. We can discuss any grumbles." Another staff member said they were encouraged to discuss ideas. They would be tried and if they worked then they would be put into practice.

Information provided before the inspection showed that there were, "...internal quality performance audits that monitor the environmental and health and safety processes. The Chief Executive Officer and Head of Operations carry out spot check audits to ensure compliance with standards and regulations."

Staff understood their roles and responsibilities and received support and training to do so. This was in line with the provider's values and expected standards of care.

There was an audit process to check the records in relation to areas within the home such as medicines, concerns and complaints, care and welfare and individual care plans.

Evidence showed that health and social care professionals were involved with people who lived in the home and that they worked in partnership with the staff. Information was shared so that people received the support they needed.

