

Adara Healthcare Limited

Burlington Hall Care Home

Inspection report

9 Station Road
Woburn Sands
Buckinghamshire
MK17 8RR

Tel: 01908289700
Website: www.adarahealthcare.co.uk

Date of inspection visit:
21 February 2019
25 February 2019

Date of publication:
01 April 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

About the service:

Burlington Hall Care Home is registered to provide accommodation and personal care for up to 53 older people, including people living with dementia. At the time of inspection, 47 people were using the service.

People's experience of using this service:

- People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern.
- Risk within people's lives were appropriately managed, whilst also promoting people's independence. People's medicines were safely managed.

- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection.

- Training was provided to ensure staff had the skills, knowledge and support needed to perform their roles.

- Staff were well supported by the senior management team, through team and one to one supervision meetings. The staff we spoke with were all positive about the senior staff and management in place.

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

- Staff continued to treat people with kindness, dignity and respect. Care plans reflected people's needs and how they wanted their care to be provided. People and their family were involved in reviewing their care and making any necessary changes.

- The provider had systems in place to seek people's views about the service and raise any concerns or complaints.

- The service continued to be well managed. Areas identified for improvement were acted upon promptly and lessons were learned through positive communication.

Rating at last inspection: Good (Last report published 26 June 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating for the service remained Good overall.

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

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

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.

Burlington Hall Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Burlington Hall Care Home is a residential 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. However, at the time of the inspection the registered manager was out of the Country and was not available.

Notice of inspection:

The inspection took place over two separate days, the 21 and 25 February 2019. The visit on the 21 February was unannounced and the visit on the 25 February was announced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had received from the provider. Notifications inform us about changes, events or incidents at the service

that providers must tell us about. We also requested feedback from commissioners involved with the service, and Milton Keynes Healthwatch. (Healthwatch is an independent consumer champion for health and social care).

We spoke with 10 people using the service, four relatives, four staff members, the chef, the deputy manager, the registered provider and a visiting healthcare professional. We reviewed records relating to the care of four people using the service and four staff recruitment files. We also reviewed records relating to staff training, safeguarding, complaints, accident and incidents and medicines management.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. One person said, "I am safe here because there is always someone around." Another person said, "I fell the other day, and someone came and helped me, that wouldn't happen at home, I would have been lying there for hours."
- The registered manager was aware of their responsibility to report safeguarding concerns to the local safeguarding authority and the Care Quality Commission (CQC).
- Staff received safeguarding training and knew how to recognise and report any concerns of abuse.

Assessing risk, safety monitoring and management:

- People had risk assessments in place for example, risk associated with poor nutrition, pressure area care and falls. The assessments gave sufficient information on how risks were to be reduced and managed.

Staffing and recruitment:

- The staff recruitment files evidenced the provider carried out checks with the Disclosure and Barring Service (DBS). References were obtained from previous employers. This ensured people were protected from being supported by unsuitable caregivers.
- There was sufficient staff available to meet the needs of people at the service. Although some people expressed discontent with the availability of staff saying staff were often busy using the laptops. This was brought to the attention of the provider as an area to address.

Using medicines safely:

- Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records (MAR) were regularly audited to ensure they were accurately maintained.

Preventing and controlling infection:

- All staff had completed training on infection control and followed good practices, such as hand washing and using personal protective equipment (PPE), such as disposable aprons and gloves.
- Hand sanitizer gels were available for people, staff and visitors to use.
- Staff had undertaken food hygiene training.

Learning lessons when things go wrong:

- Accidents and incidents were regularly reviewed to look for possible causes and strategies were put in place to reduce the likelihood of repeat incidents.

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.

Good: 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:

- Records showed people had given consent as to how they wanted their care and support provided.
- Assessments of people's needs included their choices and preferences in relation to all aspects of their care and treatment. One person said they would like to have a shower more often, their care records showed they had a shower once a week. We brought this to the attention of the provider, who said they would ensure the person's wishes were met and the care plan updated to reflect their wishes. Following the inspection, the provider confirmed the staff were now recording each day whether the person had a shower.
- People's care plans were regularly reviewed and updated when people's needs changed.

Staff support: induction, training, skills and experience:

- All new staff completed mandatory induction training and all staff completed regular refresher training.
- All staff spoken with confirmed the training provided equipped them with the knowledge they needed to fulfil their roles and responsibilities. Additional training was provided to keep up to date with best practice guidelines.

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

- People told us they had a choice of home cooked food and their individual preferences were met.
- Staff were knowledgeable of people's food and drink preferences and supported people to eat healthily.

Staff worked with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, and have access to healthcare services and support:

- People received advice and support from healthcare professionals, such as the GP, district nurses, optician, podiatrist, dentist, speech and language therapist, and dietician.
- Staff followed the advice of the healthcare professionals to ensure people received safe co-ordinated care and support. A visiting healthcare professional commented they found people using the service seemed happy and content, and they had a good professional working relationship with the staff.

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

- The service was laid out in a way that was accessible for people to use. There were several communal areas, which were used by people, visitors and family members.
- People in wheelchairs could easily access these areas.
- People were encouraged to personalise their bedrooms.

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.

- 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 MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The staff received training on the MCA and DoLS principles.
- Mental capacity assessments identified people's capacity to make informed decisions about their care and treatment. The assessments were reviewed as part of people's ongoing care and support.
- The provider had followed the process for applying for DoLS authorisations. They had also notified the Care Quality Commission (CQC) about the outcomes of applications to deprive people of their liberty.
- The individual conditions of the DoLS restrictions were being met.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they were happy living at the service and got on well with the staff. We saw many letters and cards received from relatives thanking staff for the kindness shown to their family members. One person said, "I'm very happy, we all get on really well, they [staff] are great." However, one person commented they felt some staff seemed to get cross if they rang their call bell too often. The provider said they were extremely disappointed to hear any person using the service felt this way. They took immediate action to explore and address the person's concerns This included meeting with the person, their relative, individual staff members and arranging a staff meeting to stress the importance of staff answering all call bells promptly; and assisting people in a caring, polite and respectful manner. The prompt action taken by the provider demonstrated they would not tolerate any form of discrimination to take place at the service.
- People said the staff were very good at protecting their privacy and dignity. One person said they preferred male carers attending to their personal care, this wish was accommodated.

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

- Staff knew people well and had a detailed understanding of people's needs and preferences.
- One staff member said, "I think the whole team here treat people kindly and with respect. I would certainly say something if that wasn't the case."
- We observed staff spending talking to people in a kind and respectful way and giving people the time, they required to communicate.
- Discussions during staff meetings evidenced that staff were very mindful of continually involving people in all decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to express their views and maintain their independence.
- The provider said, "We pride ourselves on having a happy home, with happy [people] and families."
- Observations of interactions between people and staff showed staff were very respectful towards people, there was a light-hearted atmosphere, and it was clear that people enjoyed the company of the staff providing their support.
- People and their relatives, where appropriate, were involved in routine reviews of their care.
- People's care records were stored electronically. The staff used handheld devices that were password protected to record the care and support they provided.
- Staff understood their responsibility for keeping people's personal information confidential.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Support was provided for people to maintain independence and have a sense of worth and purpose:
- People received care based on their individual assessed needs. People and their relatives were involved in putting together the care plans.
- People were asked to share information about their hobbies, personal interests and previous occupations. Having such information helped staff to provide personalised care and meaningful activities. For example, one person was a piano teacher and they continued to provide piano lessons at the service for local children. This person was playing the piano in their own room, and a member of staff was sat listening to them play. The member of staff said to the person, "I love to listen to you play, I am always asking you to play aren't I." Being able to continue their passion of playing the piano, gave the person a strong sense of fulfilment.
- Technology was available for people to make video calls. This helped people to keep in touch with friends and family and maintain relationships.
- A new activity person had recently been appointed and the provider had arranged for the member of staff to attend specific training on promoting meaningful activities for people using the service.
- A variety of outside performers came to the service to provide entertainment. People said they enjoyed the entertainment visits. Photograph albums were put together of events that took place at the service and day trips that had been arranged.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. The provider had information on the service available in large print and picture formats.

Improving care quality in response to complaints or concerns:

- The providers complaint procedure was given to people informing them how they could make a complaint. One person said, "I don't complain, the girls work so hard" another person said, "I don't need to complain, I'm quite independent." One relative said, "I raised a complaint about a year ago, the manager dealt with it straight away, just like that!" Another relative said, "I haven't made any formal complaints, I prefer to speak directly with staff rather than go through a complaints procedure."
- Regular resident and family meetings took place to provide an opportunity for people to discuss the service. One person said, "We have meetings and if we grumble about something then they [the registered manager] does something about it." They gave an example of cutlery disappearing and how people had complained and more cutlery was soon provided.
- Staff told us they could talk to the registered manager about any issues or concerns they had. One staff

member said "[Name of registered manager] always has time to listen, any problems are dealt with straight away."

End of life care and support:

- At the time of the inspection, the service was not supporting any people with end of life care.
- Staff had received training on end of life care and the provider said they had excellent relationships with the GP surgery and district nursing staff that visited people at the service.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives were happy with the care received at the service and felt they were kept informed about changes at the service.
- Staff confirmed they enjoyed working for the service and the management team were supportive.
- There was a culture of providing person centred care. The staff were mindful of promoting equality and diversity, in meeting people's preferences and needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Supervision systems were in place to ensure staff were clear about their roles and responsibilities and understood the expectations of the service.
- Staff said they felt very supported by the registered manager and the senior team.
- The registered manager understood their responsibilities to meet regulatory requirements. Statutory notifications of deaths, other events and incidents at the service had been submitted to the Care Quality Commission (CQC) and the local authority, as required. The rating from the last inspection was displayed on the provider website and within the service.

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

- People and relatives were engaged in the service and how it was run. One person said, "Yes, the staff are very approachable, we are always asked at meetings to make suggestions".
- We looked at resident meeting minutes and saw that feedback was gathered about the food, and activities. Actions were taken when required to further improve the service.

Continuous learning and improving care:

- Comprehensive audits were undertaken in all areas of the service to identify where improvements could be made, and actions were taken.
- Staff team meetings were used as a forum for staff to openly discuss any issues or areas for improvement.
- Questionnaires were sent out to people and their relatives to comment on the overall quality of the care. This included feedback on the quality and choice of food available. We saw actions were taken in response to people's feedback, such as, changes to the menu.

Working in partnership with others:

- The registered manager and staff team worked in partnership with other professionals such as district nurses, GP's, social workers and commissioners to maintain and improve people's quality of life.