Burrow Down Support Services Limited

Burrow Down Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Burrow Down Residential Home is a residential care home for up to 14 people with a learning disability, which includes four 'short breaks' bedrooms for people on a respite stay. At the time of the inspection there were nine permanent residents and four people on a short break.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

Why the service is rated Good:

People remained safe at the service. There were sufficient staff available to meet people's needs and support them with activities and trips out. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others. This is particularly important for people whose behaviour may challenge others. People received their medicines safely.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were competent and well trained. People had the support needed to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals according to their individual needs.

The staff were very caring and people had built strong relationships with the staff. We observed staff being patient and kind. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices as much as possible in their day to day lives. Complaints were fully investigated and responded to. People were supported to take part in a wide range of activities and trips out according to their individual interests.

The service continued to be well led. Staff told us the registered manager was approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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? The service remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Burrow Down Residential Home

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 checked 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 was a comprehensive inspection, carried out by one inspector. It took place on 26 September 2017 and was unannounced.

Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports. 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. At our last inspection of the service, in February 2015, we did not identify any concerns with the care provided to people.

During the inspection we met with two people who lived at the service. Some people were unable to fully express themselves verbally so we observed how staff interacted with people. The registered manager was also available throughout the inspection. We looked around the premises, spoke with the provider, four relatives, one healthcare professional and three members of staff.

We looked at a number of records relating to individuals' care and the running of the home. These included four care and support plans and records relating to medicine administration and the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. Some people who lived in Burrow Down Residential Home were unable to fully express themselves but appeared to be relaxed and comfortable with the staff who supported them. One person told us, "Yes I feel safe. I have one to one carers". A relative whose family member had short breaks at the service told us, "It's a very,very safe place. [Family member's name] knows the staff. They know and trust them…We have peace of mind that they are as well looked after by them, as they would be by me".

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff, were familiar with the whistleblowing policy, told us they felt confident to use it and knew action would be taken. Records showed safeguarding concerns had been managed appropriately, and the service had worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

People's risk of abuse was further reduced because there was an effective recruitment process in place for all new staff. This included carrying out checks to make sure new staff, were safe to work with vulnerable adults. Staff, were not allowed to start work until satisfactory checks and employment references had been obtained.

There were sufficient numbers of staff to keep people safe and make sure their needs were met. A relative told us, "There are no staff shortages, there is always somebody wandering around". The registered manager said the service was 'over staffed' which allowed them to provide additional cover at short notice if required. There was an 'on call' system 24/7 in case of emergency, which meant advice or guidance was always available to staff if required. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them.

Individual risks to people's health and safety had been identified and there was information in each person's care plan showing how they should be supported to manage these risks. People identified as being at risk when going out in the community had up to date risk assessments in place, informing staff of the measures to take to keep them safe. For example, staff were advised to support one person who was anxious on the escalator to use the stairs or lift. "If there are no other options support me by giving reassurance and let me hold on to you and the rail". People also had risk assessments in place regarding their behaviour, which provided staff with the information and guidance they needed to support people safely and effectively. The PIR stated, "We have comprehensive behavioural support plans in place which equip staff with proactive strategies to support our customers at times of anxiety and to reduce the risk of behaviours escalating. The support plans are personal to each individual and give information about possible triggers".

Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. For example, one person with a visual impairment had requested a room upstairs. There had been a comprehensive assessment and training provided to ensure

they were safe to use the stairs alone.

People received their medicines safely from staff who had completed training. Medicines were clearly documented in care plans and signed for by two members of staff when administered, on paper medicine administration records (MAR charts) and on the service's electronic care planning system known as the 'Support Hive'. The service promoted people's independence in medicine administration where possible, following a risk assessment to ensure their safety. For example, one person with diabetes checked their own blood sugar levels and administered their insulin. Regular medication audits were carried out and any medication errors investigated, with action taken to minimise the risk of recurrence and keep people safe. The Support Hive enabled the on call duty manager to monitor the administration of medicines and alerted them if a medicine had not been given within 30 minutes of the prescribed time.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Regular spot checks ensured standards were maintained and people were protected.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs. A relative told us the support was, "absolutely excellent. My family member is well looked after. All the staff are lovely".

New staff completed a six month probationary period which included a thorough induction programme. Initial training included safeguarding, the Mental Capacity Act 2005, medicine administration, infection control, fire awareness, manual handling and challenging behaviour. After staff had completed their induction they were supported to maintain their skills and knowledge via a comprehensive face to face training programme .The PIR stated, "We train on average two to three courses per week in house… We have not invested any money on e-learning as we believe this mode of training fails to impact upon our services". Additional training to meet people's individual needs was arranged with external professionals. This included diabetes training, autism and epilepsy.

People's health was monitored to ensure they were seen by appropriate healthcare professionals to meet their specific needs. Care records showed people had been referred to their GP, speech and language therapists (SALT) or dietician as required. The registered manager told us the service worked closely with the diabetic nursing team to ensure people had the support they needed. People had also been referred to a behaviour specialist, who worked directly with the staff team to help them understand and support the person safely and effectively in line with their care plan.
Risks related to nutrition were identified and support provided. Care plans contained clear information for staff in line with the guidance from specialist professionals such as the speech and language therapist (SALT), if people were at risk of choking. People were encouraged to be involved in food preparation, and were supervised in this activity in line with individual risk assessments and care plans. Menus had been developed with the support of a dietician, to ensure they were nutritious and met people's needs. Photographs of the meals displayed in the kitchen, so people who were unable to read could see what options were available and choose an alternative if they wished. Sometimes people chose a takeaway meal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and demonstrated an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions, the service had followed a best interest decision making process. Care plans contained capacity assessments and documented best interest processes for a range of decisions including having nutritional and fluid intake monitored, being supported with eating and drinking and having medicines administered.

People can only be deprived of their liberty to receive care and treatment which is in their best interests, and

legally authorised, under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority where required.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. The atmosphere was happy, relaxed and welcoming. Without exception, all the staff we met with and observed were kind and caring in their interactions with people. A relative told us, "[My family member] is very happy there. When the staff interact with them their eyes light up".

There was a commitment to promoting independence and ensuring people were fully involved and consulted in all aspects of their lives. Staff told us, "I love my job. I love coming to work, promoting independence. That's what I love about this place", and "You really do support people to be independent. You have the time". A relative told us about a barbeque that the service had held recently, for people and their families. They said, "The carers were shadowing without interfering too much. People were dancing and running around and able to express themselves with the carers monitoring close by. It was a lovely atmosphere and it made everybody happy".

Staff, had a good knowledge of each person and were able to tell us how they responded to people and how they supported them in different situations. A keyworker system was in place, which meant each person had a named member of staff who advocated for them and ensured they were getting the support they needed. The PIR stated, "Where customers are able to express a view, they are supported to choose the member of staff they want to act as their key worker. Where a person is unable to express a view the management team look for natural relationships which have developed between staff and people who live at the home". Staff engaged with each person in a way that was most appropriate to them. They used communication tools to ask people questions and people had photos/symbols or equipment to help them communicate their views. This ensured they were involved in any discussions and decisions.

Relatives told us the communication with the service was good, and they were kept well informed about the wellbeing of their family member. Comments included, "If I have any questions I email and get a quick response", "We were involved with the care planning and we have meetings. We regularly speak to staff" and, "They listen to you as parents".

Staff treated people with dignity and respected their need for privacy, for example when supporting them with personal care. A member of staff told us, "I always make sure the curtains are drawn and the door is shut when they are using the toilet. I wrap them up so they aren't exposed while I am supporting them"

Each person had their own bedroom and had been supported to choose their own wallpaper, colour schemes, furniture and duvet covers. People had unrestricted access to these rooms and were able to spend time alone if they chose to. One person told us, "it's our home".

Good

Is the service responsive?

Our findings

The support provided by the service continued to be personalised and responsive to people's individual needs. This meant that whatever goals, people had they were able to progress and achieve, whatever their starting point. For example, one person was working towards moving into supported living accommodation, while another person had moved into the home from supported living, because they required more support than was available to them in the community.

A comprehensive assessment process was carried out before a person moved into Burrow Down Residential Home, which included liaising with the person and key people in their lives. This meant the service had a good understanding of the person's needs and risks and was able to provide the support they needed during the transition into the service. This was also important for people who had regular short stays at the home. A relative told us, "[Family member's name] doesn't get on with the more difficult clients. They are careful how they put people together which makes it as ideal as possible".

Each person had a comprehensive care plan, based on their assessed needs. This was documented on an electronic care planning system called the 'Support Hive' which was monitored and updated daily if required. Support plans were reviewed with the person regularly at key worker meetings, core group meetings and formal reviews involving the person's representatives as appropriate. The care plans contained clear guidance for staff on how to support people, and included information about their support and communication needs, personal likes and dislikes, daily routines and activity preferences. In addition to full care plans there was a one page profile which contained a summary of people's routines, goals and support needs which meant key information was easily accessible for new staff.

People took part in a variety of activities inside and outside of the service, and were supported to go on holidays with staff support. People chose to go out most days. Staff told us everybody had a 'room day' for domestic tasks such as cleaning and laundry. When we arrived to carry out the inspection, some people were leaving to attend different day opportunities in the community. Other people, with staff support, were doing individual activities such as going to the cinema or the hydropool, and 'travel training', in order to gain skills and confidence in using public transport. People enjoyed working in the homes' vegetable garden, or were involved in community initiatives like ''The Railway Project', planting and maintaining floral displays at a local railway station. One person told us they enjoyed going to the cinema, to the disco and playing football, but they also "Just liked to chill in the evenings".

The service had an effective complaints process, with information provided to people in an 'easy read' format so that it was easy for people at the service to understand. Where complaints had been made, these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. They told us, "We're not perfect. We make mistakes and we learn from them". A relative said, "They are very,very good. If I've got something to say I will tell them and they will try and put it right".

Good

Is the service well-led?

Our findings

The service continued to be well led. 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 2008 and associated Regulations about how the service is run.

In the PIR the registered manager stated, "At Burrow Down we believe the culture is crucial. From the very top we embed our values of integrity, honesty, mutual respect and humanity by cascading down through the organisation. As a manager I understand the need to be consistent and lead by example and to ensure I am available to support the team and guide them as necessary". Staff told us they shared these values and that the service was well-led. One member of staff said, "There is a structure to everything, which is very important. There are clear tasks and clear roles and responsibilities, and good communication with the Support Hive system." Another member of staff said, "[Manager's name] is on call for anything. They are brilliant. They know how to diffuse a situation immediately". Comments from relatives included, "It's very well run. We like and trust them completely" and, "I think [Manager's name] is doing a good job. They are really on the ball".

There were effective quality assurance systems in place. The registered manager was highly visible in the service, and carried out regular spot checks which enabled them to monitor staff practice and identify areas for improvement. There was a comprehensive programme of audits to assess the quality and safety of the service, looking at the environment and every aspect of people's care and support. The 'Support Hive' (the service's electronic care planning system) enabled the registered manager to have constant oversight of the support being provided to people as it took place, and any accidents or incidents as they occurred. In addition information about accidents and incidents, safeguarding concerns or health and safety issues was subsequently analysed to identify any wider actions necessary to keep people safe.

The provider used a range of methods to seek the views of the people who used the service, their representatives, and health and social care professionals. This included key worker meetings, house meetings, core group meetings and reviews of the support plan. Regular quality assurance surveys, which were also sent to staff, enabled the provider to identify what the service was doing well and where improvements were needed.

The registered manager told us they used a variety of methods to keep themselves informed about developments and best practice, and disseminated what they had learnt across the staff team through informal discussions and staff meetings. For example, they subscribed to publications relevant to the sector, and were registered with organisations such as Learning Disability England. They received monthly clinical supervision from their in-house psychotherapist, which enabled them to provide effective support to staff and the people using the service. They also attended manager's networking meetings run by the local authority, which were an opportunity to share ideas about best practice.