

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Burnside Court

104-106 Torquay Road, Paignton, TQ3 2AA

Tel: 01803551342

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	A B C Care Home Limited
Registered Manager	Miss Emma Hume
Overview of the service	Burnside Court is a residential home in Paignton, Devon providing accommodation and care for up to twenty six people. People living at the service are older people, most of whom have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	9
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People had been cared for in an environment that was safe. There were plenty of staff on duty to meet people's needs. Staff personnel records showed that the home only employed people once all the appropriate checks and safeguards were in place. This meant that the home had taken reasonable precautions to ensure that they only employed people with good reputations.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The manager was taking advice on how the recent Cheshire Judgement will affect the people living at Burnside.

Is the service effective?

Relatives told us that they were happy with the care that their loved ones received and felt that their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. One relative told us "The staff know (my relative)'s every day needs and if I am not happy I say and they sort it out."

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers were patient and gave encouragement when supporting people. We observed that people were supported to do things at their own pace and were not rushed. We saw that staff explained to people what they were doing as they did it. That way people were not scared by what was happening. Visitors told us "The girls are really caring, they love the people they are looking after." And "The staff are loving and caring." One member of staff said "I love it here, I like to go and have a chat, I see them as people, it's not just a job here."

Is the service responsive?

People's needs had been assessed before they moved into the home and these were regularly reviewed by the manager. The care files contained information about people's care and support needs as well as information about the things that were important to them. We saw that the home provided various activities to stimulate and entertain people. Families and friends were encouraged to visit and, where appropriate, to bring their pets to visit.

Is the service well-led?

Staff had a good understanding of the ethos of the home and quality assurance processes were in place. We saw a customer satisfaction survey had been carried out in March of 2014 and as a result the main communal areas had been redecorated. The manager told us that the home's owner was responsive to requests for essential items of equipment etc. and said that they were "very good." The manager themselves had worked for the home for many years, starting as a carer and progressing to becoming the manager, so they had a good understanding of all aspects of the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. We spent around thirty minutes in the main lounge during the morning activities and a further twenty minutes in the afternoon. During this time we observed that staff knew the people who lived at Burnside well. We observed an activity session where live animals had been brought into the home. These included rabbits and bearded dragons. We saw that one person was gently encouraged to stroke a rabbit while another had explained what a bearded dragon was and how to hold it. Later we observed that a person needed to be moved using a hoist and wheel-chair. Staff explained what they were doing at each point during the procedure.

Some people had quite advanced dementia and appeared to be very confused. A visiting professional told us "I think they (the staff) do very well as the home takes quite demanding clients with advanced dementia." At lunch time we observed one person being asked if they wanted a pudding or not. The person was unable to make up their mind. The staff member helped them to take a small taste after which the person was able to decide not to eat the pudding and it was removed.

One person appeared to be confused and kept asking what they should be doing. Staff were patient and explained to them on each occasion what time it was and what the next activity - tea - would be. On each occasion the person appeared to be reassured for a short time. Another person wanted staff attention all the time and was quite vocal if on their own. We observed staff patiently responding to their demands.

A relative told us that their spouse had "settled in fantastic, and I feel total relief because I know they've been looked after better than I could".

We spoke with three members of the care staff. One told us that they always chatted with people along the subjects that the person wanted to talk about. They said that sometimes this meant they had some odd conversations. Later we saw the staff member chatting with people in the lounge.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at four people's care plans. Each file contained all the information that we would expect to see including a useful "pen" picture of each person. Another useful form on each file was entitled "cognitive ability profile" and was an assessment of the person's understanding in different areas of their daily life. A visiting professional commented that the care plans were easily accessible and contained all the information needed. A staff member told us that they enjoyed reading the care plans as they gave them information about what sort of person people had been before they became unwell. They went on to say that this enabled them to instigate conversations with people. For example they had found out, from the files, that one person had loved horses. They used this information to start conversations about horses which appeared to stimulate the person and give them pleasure.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. On the care files we saw that each person had individual risk assessments. The staff we spoke with told us that they were aware of these and knew how best to support each person. The professional we spoke with told us that the home did not have a high number of injuries or skin liaisons which could indicate a lack of care. And the manager explained that the owners provided any specialist equipment that they asked for.

We spoke with two relatives who were visiting their spouses. Both told us how they were impressed by the care and patience that they observed the staff to have. One told us "There seems to be enough staff and they work hard. They're ever so good, and if someone gets a bit narky they just laugh it off." The other said "the girls are a super nice lot of girls, they are really caring they love the people they're looking after they're smashing, they really are, they just got a knack of dealing with them."

In the main lounge we observed that people had visitors sitting with them. One visitor had brought a dog. We were told that the dog was a popular visitor.

Many of the people living at Burnside suffered from quite advanced dementia. We saw

that the two main entry and exit doors had number-pad locks on the doors this was to ensure that people did not wonder out of the building by mistake. People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. We spoke with the manager about the impact of the recent Cheshire Judgement by Lady Hale. They were planning to seek advice regarding the implication for people who live at Burnside Court. In the mean time they told us that currently no one wanted to leave the home without the support of their family, friends or staff.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The home had an arrangement with a local chemist who delivered all regular medication on a monthly basis. In addition the chemist delivered medication that was prescribed during the month.

Appropriate arrangements were in place in relation to the recording of medicine. The same chemist supplied pre-printed medication administration recording sheets (MARS). These listed the medication and when it was to be taken. There was a calendar next to each medication with space for the staff member who was administering the medication to sign their initials to demonstrate that the medication had been given. We also saw a staff signature trail so it was possible to know who had signed for what and when.

Controlled drugs were listed separately in a controlled drugs book. We inspected the book and checked three entries against the actual drugs in the safe. These were correct.

Medicines were handled appropriately. We observed the administration of medication at lunch time. We saw that the person who was dispensing the medication put on disposable gloves which they changed between each person. This minimised the risk of cross contamination. However the provider might find it useful to note that on one occasion a tablet was accidentally dropped on the floor. The staff member picked it up and gave it to the person. We spoke about this and found that the staff member had been distracted by our presence. They knew that this was an inappropriate action to have taken and they knew what they should have done.

Medicines were kept safely. We saw that controlled drugs were kept in a locked steel box in a wall mounted steel cabinet that was locked. The cabinet was in a locked room. Other "spare" medication was kept in the cabinet. The most of the medication that was in use was kept in a locked medication trolley that was stored in a locked cupboard. The staff member who was on medication duty kept the keys with them. They locked the trolley whenever they left it, even when it remained in their sight.

Medicines were safely administered. The staff member who was administering the medication at lunch time signed each individual MAR sheet after giving out each person's

medication. That way they kept a note of who they had given medication to and who still needed it. However the provider might find it useful to note that when we arrived in the morning we observed that the MAR sheets were being signed all at the same time after everyone had received their medication. This is not best practice and could put people at risk of an error when medication is being administered. We spoke to the manager and assistant manager about this and they told us that they would reinforce the importance of signing as the medication was administered and that they would instigate a series of spot checks to ensure compliance.

We were told that all staff had received on-line training by a leading national pharmacy in how to administer medication safely. Staff confirmed this and we saw a training matrix detailing who had received the training.

Medicines were disposed of appropriately. We were told that the same chemist that supplied medication also disposed of unused medicine. We saw some unused medication had been packed into bags awaiting collection. These bags were stored safely in a locked room.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. We looked at four staff files chosen at random. On each file we saw that the home had information about the past experience of the prospective staff member. We also saw that the home asked for, and received at least two references about the person as well as checking the criminal records bureau (CRB, now replaced by the DBS, disclosure barring service.) We saw that some staff had been employed by the home for many years and therefore some of these checks were many years old. The manager said that they did not routinely carry out additional checks on long standing employees. They went on to explain that the home employed consultant employment law specialists to advice on their employment practices. We asked if the home employed anyone who was not European and were told that they did not.

We saw that the home had a training plan on the wall of the office and could see that employees received all the mandatory training. This was confirmed by the staff that we spoke with.

We spoke with the manager and assistant manager, both of whom had come in from being off duty, when they heard of our inspection. They told us that the manager held the registered manager's award and the assistant manager had a NVQ level three qualification and that all the senior care workers had to have their level three before becoming a senior. This meant that the home was managed by people who had undertaken formal training and were qualified for the roles they undertook.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the home had carried out two surveys during 2014. One was for visitors three people had responded and one was for people who lived at the home or their relatives and eleven people had responded. Most of the comments were favourable such as "I feel extremely confident that my (relative) is well cared for." "The staff know what each individual needs. They are very patient and kind." and "(My relative) is happier and healthier than they have been in years." We saw that there was a single common concern regarding the décor of the home. We asked the manager what they were doing about this concern and they showed us the recent redecoration that had been done in the communal areas. We could see that it was cheerful and bright. This showed us that the home had considered the responses to the survey and taken action.

The manager showed us a report from an external consultant. The report detailed the recommendations from inspections by professional agencies and what actions had been taken as a result. We spoke with the manager and assistant manager and learnt how they paid close attention to the recommendations of appropriate advisors and implemented changes to improve the practice of the home.

We asked to see the complaints book and were told that there was no such book as the home had not received any complaints. During the course of our inspection we spoke with a visitor who had needed to instruct staff on a care matter for their relative. We noted, from the files, that this matter had been mentioned previously. The relative was not considering the matter to be a complaint but rather something that needed to be resolved. We raised the matter with the manager who was unaware of the issue. They checked and found that it had already been discussed in the staff handover. The manager discussed with us the usefulness of a 'niggles' / action file.

One staff member we spoke with told us that they loved the home, and loved working at the home. They went on to explain that if they thought something was wrong they would inform the manager, and had confidence that actions would be taken.

Staff and visitors commented on the supportiveness of the staff team and how well they worked together. We were told that when one staff member's pet became ill the team had all contributed towards the purchase of a special item of equipment for the animal. We understood this to be a demonstration of how the staff supported each other which enabled them to work well together to support people living at the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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