

Random inspection report

Care homes for older people

Name:	Burnside Court Care Home
Address:	Burnside Court Care Home 104-106 Torquay Road Paignton Devon TQ3 2AA

The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Michelle Finniear	3	0	0	7	2	0	1	0

Information about the care home

Name of care home:	Burnside Court Care Home
Address:	Burnside Court Care Home 104-106 Torquay Road Paignton Devon TQ3 2AA
Telephone number:	01803551342
Fax number:	01803551342
Email address:	burnsidecourt@btconnect.com
Provider web address:	www.burnsidecourt.co.uk

Name of registered provider(s):	ABC Care Home Ltd
Name of registered manager (if applicable)	
Miss Emma Zoe Hume	
Type of registration:	care home
Number of places registered:	21

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	21	0
old age, not falling within any other category	0	21

Conditions of registration:									
The maximum number of service users who can be accommodated is 21									
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (Code OP) Dementia (Code DE)									
Date of last inspection	0	6	0	1	2	0	0	9	

Brief description of the care home

Burnside Court is a large, three storey, detached property built in 1892, and situated on the level within a quarter of a mile of Paignton town centre, which has been adapted to provide personal care. Local facilities include the library, which is about 100 yards away, the park, and many shops, restaurants and public houses. The main post office is also only a short distance away. The bus service passes the door with a bus stop close by.

The home is registered to provide long term care for 21 elderly people who may also have a degree of mental and/or physical infirmity. There are 19 single bedrooms and one double bedroom, all having en-suite facilities. These are spread over three floors that can be reached by stairs or a passenger lift. The home is comfortably furnished and attractively decorated and there are communal spaces on the ground and lower ground floors.

The home is entered either at the front off the main Torquay Road or from the rear where there are several parking spaces. At the front of the building there are very pleasant garden with seating for people who live in the home, and their visitors, to use in good weather. The home has won the 'Torbay in Bloom' on many occasions for the way it presents the front garden.

Fees are displayed in the Statement of Purpose.

What we found:

We visited the home following a safeguarding meeting where concerns had been raised over allegations of an incident witnessed at the home. On the visit we discussed this incident with the home manager and looked at the records in relation to a meeting they had held following the concerns. We looked at other records kept and had discussions with the manager about the care offered by the home. We also spent a period of one and a half hours observing the care being delivered to individuals.

Burnside Court offers care mainly to people with dementia and will take people who present some challenging behaviours. At the time of the visit there were 14 people in residence, with four care staff on duty, a cook, and a cleaner. The manager came in to support staff during the inspection visit, even though it was her day off.

The manager confirmed that no staff at the home had specialist qualifications in managing or caring for people with dementia and that staff training had been a recent half day on dementia care and a distance learning course with questionnaires. Staff have not received specific training in areas considered good practice in dementia care, such as a person centred approach, life story work, care mapping, sensory support, supported communication or reminiscence work.

Some care files seen did contain information about people's past social histories, but the plans seen were focused mainly on people's physical needs and the first plan sampled did not mention the person's dementia until a referral at the rear of the file. Not fully considering the person's dementia as being integral to the assessment or understanding the impacts of the dementia on the individual meant the home would not be fully able to meet their needs.

In addition the file for one person we saw did not contain a management plan for some of the behaviours the person presented which were significantly challenging. This should involve clear guidelines for staff on how to manage behaviours that could be distressing to others or the individual in question via a stepped approach of interventions.

The files we saw also did not contain significant information on effective communication with the individual. In the case of one file we saw, where the person had impairments as the result of a stroke, there was some information on how they communicated but not enough to make this meaningful. The information we saw in the plan we later saw being used by some staff but not consistently by all staff.

The manager told us that the home had visiting activities organisers and that they kept records of people's participation in organised sessions. There were no clear records of how people had enjoyed spending their lives before moving into the home; of how the home was attempting to replicate their chosen lifestyle choices in their daily lives or of how they encouraged activity for the rest of the time. Staff told us that a couple of nights previously people had attended the local carnival in Paignton and enjoyed themselves.

The home did not have clear guidelines on the use of medications used to control behaviour, but in the files we saw there was not an excessive use of medication and in fact the manager was committed to reducing medications wherever possible. Some

instances of medication administration needed clarification. For example one medication was prescribed for 'as required' use, but was being given every day. The manager should clarify this with the prescriber, as other medication regimes may be more suitable in this case. The home also needs to have clear protocols for when 'as required' medications to control distress or behaviours would be administered to each individual. This helps ensure staff are clear as to when they should be given and what steps are to be taken before a decision is made that is the appropriate action. One variable prescription needed clarification on the administration sheets, as the dosage had not been altered following a blood test on the recording sheet. This could cause confusion.

The home does not have significant environmental adaptation for people with dementia. Burnside Court is set over three floors, and work is currently being undertaken to provide additional rooms on a fourth floor. There are some signs for toilet doors and individual bedrooms are named, some with objects of significance to the individual. There has not been a specific risk assessment of the environment for people with dementia, but the manager said this was due to be completed.

During the inspection we spent a period of 1.5 hours observing the interactions and care delivery over a lunchtime. We saw people were being supported well, and lunchtime was not rushed with people being supported at their own pace and at a level which helped them maintain their independence.

We observed that on some occasions staff talked about individuals between themselves rather than including them in each conversation. We also found that staff sometimes did not use people's name when talking directly to them and did not always support their communication deficits in the way that they needed. On other occasions staff were able to interact well with some individuals re-enforcing their sense of identity and well being.

At lunchtime we could see that people were supported with choices. Lunch was fish and chips, but one person had a vegetarian option and others had choices in dessert. Some people needed support with feeding which was given in a communal area, but sensitively and at the individuals own pace.

We discussed the concerns around the incident raised at the safeguarding meeting, which related to an individual who presented some behaviours that challenge. The manager had not sent a report to CQC in relation to an allegation of misconduct which it is required to do by law. The manager had conducted an interview but had not taken any further action to prevent a recurrence and had not carried out any disciplinary action or developed any further training etc to prevent a recurrence.

The home is currently undergoing building work to increase the accommodation available. When we visited we were concerned that work on the lower ground floor had obscured a fire exit from this area. While we were at the home we asked the manager to contact the fire authority to discuss this, and asked the manager to complete a new fire precautions workplace risk assessment in relation to the work being carried out.

The manager agreed to supply us with some information we asked for, which included copies of the monthly reports completed by the responsible individual from the company which owns the home.

What the care home does well:

Burnside Court provides a comfortable environment for people with many single rooms with en suite facilities.

The home is in a level position close to the centre of Paignton, and local facilities such as the library and shops.

There is a choice of areas in which people can spend time communally, and an enclosed garden area, which is due for re-development once building work is completed.

The home offers home cooked food and is able to respect individuals food choices where known.

What they could do better:

The home needs to consider the level of training available for staff in the management of dementia and behaviours that challenge.

Care plans should include the diagnosis and effects of this on the individual. They should be person centred and reflect the individual's lifestyle choices, past history and communication needs.

The home should have specific guidance for individuals where medication is given to control behaviour or alleviate distress on an as required basis.

The manager should discuss with the prescriber cases where as required medication is being given very frequently. Where there are variable prescriptions the current dosage should be clearly written on the medication administration sheet.

The home should consider ways in which they can increase the amount of environmental adaptation for people with dementia, based on current good practice guidance.

An environmental risk assessment should be carried out on the home for people with dementia.

The home must ensure that the required events are reported to the Care Quality Commission without delay. This would include any allegations of misconduct on the part of staff.

The home must ensure the fire precautions workplace risk assessment is kept up to date and reflects current building activity, especially in view of the changes to fire exits.

The home may wish to consider best practice in garden design for people with dementia when work is carried out on the enclosed front garden area.

If you want to know what action the person responsible for this care home is taking

following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1		23	<p>The home must ensure the fire precautions workplace risk assessment is kept up to date and reflects current building activity, especially in view of the changes to fire exits.</p> <p>This is to ensure people can be protected in the event of a fire.</p>	30/08/2010
2	37	37	<p>The home must ensure that the required events are reported to the Care Quality Commission without delay. This would include any allegations of misconduct on the part of staff.</p> <p>This is to ensure that appropriate action can be taken to protect people.</p>	30/08/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Care plans should include the diagnosis and effects of this on the individual. They should be person centred and reflect the individuals lifestyle choices, past history and communication needs.
2	9	The manager should discuss with the prescriber cases where as required medication is being given very frequently. Where there are variable prescriptions the current dosage should be clearly written on the medication administration sheet.
3	9	The home should have specific guidance for individuals where medication is given to control behaviour or alleviate distress on an as required basis.
4	19	The home may wish to consider best practice in garden design for people with dementia when work is carried out on the enclosed front garden area.
5	19	An environmental risk assessment should be carried out on the home for people with dementia.
6	19	The home should consider ways in which they can increase the amount of environmental adaptation for people with dementia, based on current good practice guidance.
7	30	The home needs to consider the level of training available for staff in the management of dementia and behaviours that challenge.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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