

Manage Care Homes Limited

# Burleigh House

## 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

Burleigh House is registered to provide accommodation with personal care for a maximum of 44 older people, many of whom live with dementia.

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

People told us they felt safe living at Burleigh House. Risks assessments were in place to support people and promote independence.

Staff received appropriate training, support and development to carry out their roles effectively. People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us and we observed that people were treated with kindness by staff who respected their privacy and upheld their dignity.

There were regular meetings and independent surveys to promote people to feed back on the service and express their views.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

There was an open, transparent and inclusive atmosphere within the home. People and staff were supported to have a voice.

There was a quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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 ●

# Burleigh 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 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 comprehensive inspection was carried out on 13 September 2017 and was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has experience in this type of service. This was to help facilitate the inspection and make sure that people who used the service were able to talk with us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us.

During this inspection, we spoke with five people using the service, five relatives, six staff, the registered manager and the provider.

We reviewed care records relating to three people, three staff personnel files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

Staff we spoke with told us that they felt there was enough staff, however at certain times they needed more staff. One person commented about when they use the call bell, "They [staff] come quite quickly but they just turn it off unless you are really stuck and then come back because they are always busy."

We found that the provider and registered manager regularly assessed people's dependency levels and ensured that staffing levels met people's requirements. The provider demonstrated they provided additional hours every week and had increased the staffing levels recently due to increasing needs of the people they supported.

However, on the units where people's needs were higher, we found that staffing levels did not always meet people's needs during busy periods. There was a system in place for staff to use the call bell for further staff assistance. One relative told us, "There's almost never more than one member of staff but there should be two." Staff told us that there was usually only one member of staff in the unit but if there was a problem they would use the call bell for assistance. The provider told us that they did have days where the unit was covered with two people and during busy periods.

Following our feedback the registered manager took immediate action by increasing the staffing levels to two staff members. In addition; they completed observations and spoke with staff over the next four days to identify the times where two staff were required. The registered manager confirmed with CQC, that the changes to staffing requirements were now in place.

Safe food hygiene practices were not always adhered to. We noted in the kitchen that sandwiches stored in the fridge did not have a date as required and that desserts prepared by staff were stored in the fridge uncovered. This presented a risk of contamination. We spoke with the registered manager and provider who confirmed they would address this immediately. The registered manager has since spoken with staff and told us that they were making regular checks to ensure better practice. We did note that fridge temperature checks and cleaning schedules were completed daily and documented.

People and their relatives told us that the home and the care people received was safe. One person said, "I am safe here, they look after me and they care about people." A relative commented, "My [relative] is safe here, the staff are lovely." We saw throughout the home safeguarding information was displayed that included how to report any concerns, together with relevant contact numbers. All staff we spoke with demonstrated they could recognise signs of abuse and report any concerns both internally and externally should they need to. One staff member said, "I would report any concerns to the seniors or [registered] manager." They also went on to explain how they could escalate their concerns and this included contacting the local authority and Care Quality Commission (CQC).

People had individual risk assessments that staff reviewed regularly. We saw that the registered manager checked these and ensured staff were aware of safe practice. We noted that staff used safe practices, we observed people being moved safely with the hoist and staff ensured they wore appropriate protection for

example gloves when required.

Safe and effective recruitment practices were in place to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they could work. References were verified as part of this process.

There were suitable arrangements for the safe storage and management of people's medicines. People had support to take their medicines by properly trained staff that had their competency assessed. Staff had access to guidance about how to support people with their medicines in a safe and person centred way.

Plans and guidance were available to help staff deal with unforeseen events and emergencies that included relevant training such as first aid and fire safety. There were regular checks to ensure that the environment and equipment were safe. People who lived at Burleigh House had personal evacuation plans in place to ensure people were safe in the event of a fire.

## Is the service effective?

### Our findings

Staff we spoke with felt the training and support was good. One staff member said, "The training here is excellent."

People received support by staff that had the appropriate training for their role. We reviewed the training provided and saw that this included moving and handling, safeguarding people from abuse, dementia and fire safety. We noted training dates on the staff notice board for September 2017. The training scheduled included first aid, falls and palliative care.

New staff received an induction before starting in the home and they worked alongside experienced staff to enable them to get familiar with the people they supported. There were trained champions in the home who supported staff on a daily basis with best practice. There were champions in wound care, nutrition, falls, engagement, dementia and health. The provider confirmed they also had two staff members that had completed the train the trainer for moving and handling and were just awaiting the completion of paperwork. This showed the home was proactive in ensuring best practise and care for people who lived at Burleigh House.

The registered manager and staff confirmed they received regular one to one supervision and team meetings to share information. In addition, there were handovers for staff before starting of their shifts. They received relevant information, updates and were allocated their duties for that shift.

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 supported 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

People and relatives told us staff always asked for their consent. One person said, "They treat me really well here, they always ask me if I want to do something like have a shower. I never feel pressurised." Staff understood the importance of choice. They were able to demonstrate how they offered people choice. One staff member said, "Choice is very important, everything in care should be about that person and what is in their best interest. Their dignity is important to maintain." We observed throughout the inspection staff consistently offered and promoted people's choice. One person said, "I brought my own bed that was important to me."

People told us that the food was good. We noted that lunchtime was calm and people did not wait long to be served after being seated. We noted for one person who had poor sight, the staff member explained what food was on the menu, they then explained where the food was on the plate (the plate had a food guard to support the persons independence) and the person sitting next to them indicated to the staff when they had

finished. The staff member was very responsive and came back with an offer of more food. People told us there was always plenty of food and drink available throughout the day. One relative said, "The food always looks good, I don't eat here, [relative] has pureed food. [Staff] are good with [their] food."

People had regular access to health and social care professionals. One person said, "If I need the hospital the letter will come here, they arrange hospital transport and I'm allowed a carer so my [daughter] comes here and comes with me. We noted people received regular visits from GP, optician, district nurse, and the chiropodist.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and respectful. One person said, "The carers always help me whenever they can; they are so good." Another person commented, "The carers are amazing." A relative said, "They are so gentle when they [provide personal care] if [relative] becomes agitated I hold their hand. [Staff] always close the curtains and they don't let anyone else in here."

All interactions we observed were positive. Staff were attentive, patient and they knew people well. For example, we saw staff knew people well and had built up good relationships. For example, staff addressed people by their preferred names; they knew what people liked for breakfast but always offered choice and they knew if they took sugar with their tea. People told us that staff respected their privacy and treated them with respect. We observed staff knocking on doors and seeking people's permission before entering. One person commented, "The carers are amazing". Another person said, "The carers always help me." A relative told us, "Staff are superb here; all the staff are so nice." One person told us about a relative that had died, they said, "If it hadn't been for the [staff] I would never have got through it all."

People were involved in the planning and reviewing of their care. One staff member said, "Every resident that comes in, we find out their needs and preferences. We have "getting to know you" and "this is me". We find out their likes and dislikes. Everyone has a key worker to make sure people have what they need." Some people and their relatives we spoke with were unsure if they had had a review of their care plan. One person confirmed that their relatives had reviewed their care plan. We found that care plans were reviewed and the registered manager and staff confirmed that people and their families where appropriate were involved in their care and support.

Staff understood the importance of promoting people's confidentiality. We saw that all records were stored securely and staff understood the importance of respecting people's privacy.

## Is the service responsive?

### Our findings

People and their relatives told us that they felt their needs were met. One person said, "I can stay up until I want to at night, I like to go to bed late or I don't sleep so I ring the bell and they [staff] come and help me get to bed." A relative said, "The home is really lovely [relative] has settled in quickly." We saw that people looked clean and tidy which indicated their needs had been met.

People's care plans included clear information that provided staff with the appropriate guidance. They included how to support people with their individual requirements including guidance about behaviour that may challenge. Care plans were person centred.

We noted where people were at risk of developing pressure ulcers appropriate measures were in place to ensure the person's skin was healthy. For example, food and fluid charts were in place to help monitor people's nutritional intake and pressure relieving mattresses with regular checks to ensure the correct settings for people's weights. Staff understood the importance of reporting any changes to a person's skin. One staff member who was explaining the improvements since the champion scheme was introduced and the confidence in staff said, "Staff are able to detect early warning signs and know what preventative measures to take."

The home did not have a dedicated activities organiser; they had an Engagement Champion (EC) who is a full time care worker. The EC works full time, carries out their daily duties, and combines these with their engagement role. We saw an activity schedule in place and the activities on the schedule we noted took place during the inspection. For example, there was a petting farm with small animals including guinea pigs, rabbits, a dog and an owl. The event was popular and everyone had the opportunity to participate. We noted people really enjoyed the time spent petting the animals.

There were external resourced entertainers for activities, and there was a church service held monthly. There was also popular art session for people twice a week. We saw that people's pictures were displayed on the walls of the home (framed) and in an exhibition at the Doctor's surgery where some had been sold. The provider had actively engaged with the Support Me in Life Engagement (SMILE) this is a service launched by the local authority to support everyone in the Health and Social Care sector to engage in meaningful activities and promote wellbeing, regardless of age or ability. Burleigh House had taken part with horticultural classes, armchair exercises and yoga to improve mobility, reduce falls, and promote engagement and social wellbeing.

People and relatives felt confident in raising any issues they had with staff and management. People we spoke with had not made any complaints because they had no complaints. One person told us, "I know two of the carers very well I would go to them. I would ask [registered manager] if it was something big." A relative said, "Staff are really friendly, can speak about concerns." We noted that all complaints were processed in line with the provider's policy and investigations and outcomes were communicated. There was information on how to make complaints displayed around the home. We also noted compliments

about the care people had received. There were meetings held for people and their relatives to provide information and promote people to have a voice.

## Is the service well-led?

### Our findings

The registered manager and provider walked around the home to help ensure best practice and observe interaction from staff and people who used the service. However, these had not identified the areas around staff deployment during busy times. There were also weekend and night visits. The registered manager confirmed that staff received observation supervision twice a year as a way to test their knowledge and identify any training needs.

We observed the registered manager during the inspection being involved on the floor at various times and we noted they knew people by their preferred names. We noted that people clearly felt at ease with them. The registered manager confirmed that they spoke with staff and people on a daily basis to ensure they were happy. They confirmed they had an open door policy, this was emphasised in meetings. Staff we spoke with told us they felt the registered manager was approachable and that they had good teamwork within the home.

The registered manager reviewed all accidents and incidents occurring in the home. They checked for themes, trends and other contributing factors to help ensure further risks were mitigated. For example, we observed where people had been at risk of falls from their bed, there were low profile beds in place with crash mats to ensure people were safe and least restrictive options were been considered. The provider confirmed they are part of the local authority's vanguard initiative "Complex Care Premium" which has created Champions in six areas, dementia, health, falls, wound care, nutrition, and engagement. This has led to better staff knowledge, a reduction in falls, incidents and hospital admission.

There were effective quality assurance systems in place. We noted there were a range of audits undertaken that included action plans where required. Audits covered areas such as infection control, care plans and medicines. We noted that completed actions were documented. For example, carpets at the home that required replacing, we found that the carpets were replaced and the action plan signed as completed. The registered manager confirmed that the provider was very responsive and they felt supported.

People and relatives were given opportunities to feedback about the service through regular meetings and surveys carried out by the registered manager and the provider as well as independent surveys. Where needed, these were accompanied by action plans to respond to people's views.