

# MGB Care Services Limited

# Burlington Villa

## Inspection report

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Date of inspection visit:  
14 September 2017

Date of publication:  
02 November 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 14 September 2017. Burlington Villa is a care home which provides residential care for up to nine people who have a learning disability. On the day of our inspection nine people were using the service and there was a registered manager in place.

At the last inspection, in August 2015, the service was rated Good. At this inspection we found that the service remained Good, however the rating for the Caring question had improved from Good to Outstanding. .

People continued to feel safe and staff ensured that risks to their health and safety were reduced. There were sufficient staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

The service was exceptionally caring. Positive relationships existed between people who used the service, their relatives and staff. Staff were extremely kind and caring and treated people with dignity and respect. People's diverse needs were recognised and catered for and their rights to privacy and dignity were valued and respected.

People's right to make choices was respected by staff and they had access to advocacy to help them express their views if needed. Staff had an in depth understanding of how people communicated and had insight into the anxieties experienced by people who used the service and used this to shape people's support and routines. The culture of the service was focused on enabling each person to live a fulfilled life, as independently as possible and this resulted in people being valued and treated as individuals.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place which provided detailed information about the care people required. People knew how to make a complaint and there was a complaints procedure in place.

There was an open and transparent culture which enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. There were robust quality monitoring procedures in place.

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?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service has improved from good to Outstanding for this question.

Positive relationships existed between people who used the service, their relatives and staff. Staff were extremely kind and caring and treated people with dignity and respect.

People's diverse needs were recognised and catered for and their rights to privacy and dignity were valued and respected.

People's right to make choices was respected by staff and they had access to advocacy to help them express their views if needed.

The culture of the service was focused on enabling each person to live a fulfilled life, as independently as possible and this resulted in people being valued and treated as individuals.

Staff had an in depth understanding of how people communicated and had insight into the anxieties experienced by people who used the service. Staff used this to shape people's support and routines.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Burlington Villa

## 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 the 14 September 2017 by two inspectors 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 care service.

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 also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We used this information to plan our inspection.

During the inspection we spoke with six people who lived at the home, two relatives, four members of the care staff, the team leader and the registered manager.

We looked at care records relating to five people living at the home as well as the medicine records of four people. We reviewed other records relevant to the running of the service such as, staff recruitment records, quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

People who used the service were safe. People told us that they felt safe at home and in the community. Positive feedback was received from relatives, one relative had recently written a compliment to the service saying, 'Thank you for keeping [relation] safe.' Processes were in place to minimise the risk of people experiencing avoidable harm or abuse. Where needed, referrals had been made to the appropriate authorities. Staff were clear about their responsibilities to protect people from the potential risk of abuse, they had a good knowledge of safeguarding processes and felt confident that any issues they reported would be acted on appropriately.

Risks were assessed and individualised plans put in place to minimise risks whilst promoting people's independence. For example, one person was at risk of self-harm with sharp objects and there was a care plan in place detailing how staff should support the person to make their own snacks when they chose to and how to ensure they were protected from the use of sharp objects such as a knife. Another person was at risk of falling, their care plan stated they required specific equipment to reduce the risk and we saw this was in place. Accidents or incidents were investigated and changes were implemented to reduce the risk or reoccurrence.

Risks associated with the environment had been assessed and planned for appropriately. Risks in relation to the water from scalding or acquiring legionella had been assessed. The fire systems in the service were checked and maintained at regular intervals. We saw a wardrobe in one person's bedroom was not secured to the wall which could pose a risk to the person. The registered manager told us they would address this.

People were supported by sufficient numbers of staff who had the right mix of skills, experience and knowledge. People living at the home and staff told us they felt there were enough staff to meet people's needs, one person told us, "We never have to wait long." We reviewed the rota and found that that the planned amount of staff was achieved. Where people needed increased staff support whilst in the community this was provided as detailed in their care plan. For example, one person was funded for three to one support whilst using transport, this was clearly detailed in their care plan and staff confirmed this happened in practice. Records confirmed the provider had effective recruitment procedures. These ensured that, as far as possible, the provider made safe recruitment decisions.

People received their prescribed medicines safely. One person told us, "The staff always give everyone their tablets." Relatives were confident that their family members received their medicines safely. Staff told us about training they had completed in managing medicines and this included an assessment to ensure their on going competency. Records confirmed staff had received appropriate training and the checks completed on the ordering, storage, administration and auditing of medicines were found to be effective and safe. The service had recently achieved 99% in a medicines audit conducted by an external specialist.

## Is the service effective?

### Our findings

People were supported by staff that had the skills and knowledge to provide good quality care and support. We asked one person if they felt staff had enough training and they commented, "Yes they do." Staff were positive about the induction, ongoing training and support they received. Records showed staff had received the relevant training to equip them with the knowledge and skills they needed to support people who used the service. Staff also received a thorough induction when they started work at the home and had regular formal and informal opportunities to discuss and review their work, training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff demonstrated a good understanding of the MCA and their responsibility to protect people's rights. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out, such as, in relation to the management of medicines. This ensured that staff were acting in people's best interests should the person not be able to make the decision for themselves. Where concerns had been identified about people's freedom and liberty, the registered manager had made applications to the local authority DoLS team. Authorisations were in place for some people and these had been implemented appropriately. Where people had capacity, they were involved in decisions about their support and we observed staff asking people for their consent before providing any care.

Some people communicated through their behaviour and where this was the case there were plans in place detailing what might trigger the behaviour and how staff should support the person. Staff had a good understanding of how to support people to ensure the least restrictive approach was used. We spoke with a member of staff about the use of physical interventions with a person who used the service and they told us, "I can't imagine a time I would need to use it, a hug normally works."

People had enough to eat and drink. People were positive about the food and were involved in choosing and preparing their meals. One person told us, "We have a variety of food throughout the week, it's healthy food." People were supported with their nutritional needs. One person had recently lost weight and records showed staff had responded quickly and involved healthcare professionals. This resulted in improvements in the person's appetite and weight gain. The same person needed their fluid intake monitoring and we saw this was not being monitored in a robust way. The registered manager took action to address this following our visit.

People told us that staff supported them to attend health appointments, one person said, "I go to the dentist and doctor with a carer, they ring up and make an appointment." People had their healthcare needs assessed and monitored and they were supported to attend both primary and specialist health services as and when required. Records showed that where people's needs changed staff sought advice from

healthcare professionals and followed the recommendations they made. For example, staff confirmed they were supporting a person to do physiotherapy exercises following a fall. Improvements were needed to ensure effective monitoring of a health condition for one person. We discussed this with the registered manager and they addressed this following our visit.

## Is the service caring?

### Our findings

People were exceptionally well cared for and were positive about the staff team. One person said, "Yes they are (caring), yes, yes. They ask if we are okay and if we are happy. They say, what's the matter, do you want to talk? If we are upset the staff will stroke my arm or give me a cuddle and show me they care." The caring approach of the staff team was also reflected in comments from people's relatives. The relative of one person told us, "The people (staff) are wonderful, all of them."

Throughout the service it was clear the people who lived there, staff and the registered manager lived and worked as though they were a family group. Staff described the service as being like a family and spoke with warmth about people they supported. One member of staff told us that since starting work in the service, "I have fallen in love with them (people who used the service)." We observed a huge number of positive, warm and loving interactions between staff and people during our visit. One person was very tactile and we saw staff respond to this throughout the day with many hugs and warm gestures. The staff on duty had a very positive relationship with this person and there was much banter and laughter during the day. We observed lunch in the service and people sat around a large table to eat together. The meal was calm and relaxed and people and staff chatted with each other throughout, clearly enjoying each other's company. Staff told us they loved working in the service. One member of staff described the positive impact staff had on people's lives and how one person in particular had improved significantly since being in the service. They explained that when the person first moved in they wouldn't accept care and stayed in bed. The staff team had worked really hard with the person to find out what mattered to them and this had resulted in them leading a more fulfilling life and getting out and about. The member of staff told us, "I try to make a difference in someone's life. You would not recognise [person] from the person they were before."

Staff had a good understanding of the importance of people's routines and showed insight into the anxieties and behaviours experienced by people if their routines were altered. The registered manager and staff described the lengths they went to, to accommodate one person's routines and to avoid anxiety provoking situations. As a result of the perseverance and consistency of support from the staff team the person had gone from choosing not to leave the safety of their flat to spending time in communal areas and initiating visits to the local community. The registered manager described another person who upon moving in to the service had a long history of neglecting their personal care and continence. The registered manager and staff team had worked with the person over a number of years to build trust and self-esteem and to reduce medicines which impacted on their wellbeing. This had resulted in the person socialising with others, allowing staff to support them with personal care and they regained control over their continence.

Care plans were highly personalised and written specifically around individual's needs, preferences, likes and dislikes. They were written in a positive way, centred on people's abilities and what others liked and admired about them and people's achievements were acknowledged and celebrated at their monthly reviews. One person had a reduced appetite which had led to significant weight loss. They needed coaxing and encouragement to eat more. When they did eat more and gained a little weight this was acknowledged in their care plan as a positive achievement in order to empower the person to achieve this again. This approach had resulted in the person's weight increasing.

People's bedrooms had been redecorated and they had chosen their colour themes and helped to decorate and furnish their rooms to their taste. We saw people's rooms were highly personalised to suit the individual and people who used the service spoke with pride about their rooms. People's culture and religion was acknowledged as an important aspect of their care and support and people were empowered to maintain and develop this. One person had specific cultural needs in relation to their place of worship and which gender of staff needed to support them to attend. The person told us they went to their place of worship every Sunday morning and staff confirmed the required gender of staff supported the person to attend. This person also liked to pray at specific times and listen to music from their culture and this was built into their care plan and we saw staff support the person at the specific times.

Staff had an excellent understanding of how people communicated and used this to maximise people's decision making ability and facilitate involvement and choice. People's care plans contained detailed information about how people communicated and we observed that staff put this into practice during our inspection visit. For example, we approached a person who used the service for feedback, a staff member intervened and explained that the person preferred to read questions and respond in writing. This resulted in the person being able to provide meaningful feedback on the service. Another person's first language was not English and a specific member of staff had been employed to enable them to communicate in their first language. Records showed that the person's communication had improved as a result and they had a better understanding of what staff were saying. We observed this had a positive impact on the person and they were able to effectively communicate with staff during our visit. Another member of staff explained that they had downloaded a translation application to ensure that they could communicate with the person.

The staff and management team had an in depth understanding of what mattered to people and had been creative in overcoming obstacles in the pursuit of this. For example, one person who used the service required support to maintain a healthy weight but had expressed a dislike of exercise and diets. The person respected the registered manager and they used this to motivate the person to take part in exercise by joining the gym themselves and doing workouts with the person. This had resulted in the person engaging in exercise and losing weight. The registered manager told us of their plans to get more staff involved in supporting the person to the gym and said that they would ensure that staff were matched to the person based upon a shared interest of exercise.

People were supported to be as independent as possible and this had a positive impact on people's lives. The management and staff team shared a vision of encouraging people's independence. The service had successfully supported people to grow in confidence and independence. For example, one person had expressed a strong desire to move to independent living. The staff team were supporting the person to grow in skill and confidence by 'shadowing' them in the community. The person had also experienced independent living by making use of a vacant flat at another of the provider's services. Staff had used this as an opportunity to assess their skill and plan where additional support was required. We spoke with this person during our inspection visit and they spoke with passion about their journey towards independence. Some people who used the service had attended training with the staff team to help build their skills, confidence and independence. For example, one person expressed an interest in helping to clean the home and they had been supported to attend a COSHH (Control of Substances Hazardous to Health) course to ensure the safe use of cleaning products.

People were supported to maintain relationships with their families and friends. People were free to have visitors and were also supported to spend time in the community with their families. The registered manager told us that staff frequently went to collect one person's relative to enable them to visit their loved one at the home. Another person was supported by staff to attend religious celebrations with their family, a member of staff explained the importance of ensuring that the person wore the correct clothing to ensure

their feelings of inclusion in religious ceremonies and celebrations. People's care plans contained details of important relationships and also guidance about what support the person required to do things such as buy and send birthday cards and gifts. Relationships had developed between people who used the service. People who used the service came from a variety of backgrounds and spanned a wide age range. The registered manager told us that significant consideration had been given to ensuring that people were well matched, they told us, "It just works, people get on and they look after each other." We observed this in practice during our inspection visit. For example, one person who lived at the home assisted another person to get comfortable in their chair, they treated each other with mutual respect and care.

People were treated with dignity and their right to privacy was respected. The registered manager told us in the PIR that the service had a dignity champion and that all staff were 'trained in the 10 dignity challenge and how to promote the resident's quality of life.' They told us that one of the dignity values was discussed during monthly staff meetings. Staff we spoke with confirmed they had received the training and through discussions it was clear they understood the importance of privacy and dignity and were able to give examples of what they did to ensure they maintained this. One member of staff told us they preferred not to give personal care to people of the opposite gender as it felt inappropriate and that this was respected. Another member of staff told us, "I act with them (people who used the service) like I would want to be treated or I would want my mother to be treated." Staff had a very good understanding of how to ensure people were safe whilst respecting their privacy. For example, a member of staff explained how they supported a person who required one to one support to ensure their safety to have private time in a safe way. People had access to a range of communal areas, some sociable and busy and others quieter and more private.

People were encouraged to maintain control over their lives and daily activities. People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that a number of people who used the service were being supported by an advocate at the time of our inspection. We also observed that there was information about advocacy displayed in communal areas of the service.

People were given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives. A personalised approach was taken to this, taking into account the person's physical health and the potential impact of these discussions on the person's wellbeing. Where appropriate staff had supported people to think about their wishes for end of life care and this was sympathetically recorded in people's support plans. We reviewed an end of life care plan for one person and saw that this detailed what was important to the person and their wishes for after their death.

## Is the service responsive?

### Our findings

People experienced care and support that met their needs and preferences. Before people moved to the service an assessment of their needs was completed to ensure they could be met. Support plans were then developed to give staff information to understand what was important to the person and what their routines, needs and preferences were. Staff felt they had the necessary information to provide a responsive and individualised service. People experienced care that was in-line with their preferences. For example, one person preferred to eat at a different time to others as they favoured a quieter environment. This was known and understood by staff who respected the person's wishes.

Staff told us that care plans were developed over time as they got to know people and what worked well for the individual. People were offered the opportunity to get involved in the development of their care plans. One person told us, "(Staff) know all about myself and the things I like and don't like, that's all in my care plan. It's always reviewed, they tell me to look through it and check it is okay. I sign it on the bottom."

The service was flexible to suit people's needs and wishes. People's daily schedules were determined by their individual interests and routines such as mealtimes were based upon people's preferences. People's diverse cultural and religious needs were identified and accommodated. For example one person told us that they attended a local place of worship on a regular basis.

People told us about how they liked to spend their time and what was important to them, such as interests and hobbies, and records showed that people were supported and encouraged to do the things that were important to them. One person had an interest of watching building works and on the day of our visit they were supported to go out and pursue this interest. Another person had been supported to get a voluntary job in a working stable. This demonstrated that people had full and active lives and were protected from social isolation. People were also supported to develop daily living skills. One person told us, "I like cleaning my room and doing my washing and ironing," they went on to explain how they were assisted by the domestic team to ensure their safety.

Records showed people were supported to go on regular holidays and there had been several recent trips to the coast. People also enjoyed time with others who used the service and with staff, with regular barbeques taking place in the well maintained and spacious garden.

People who used the service told us they would speak to staff if they had any concerns or complaints and we saw records to demonstrate that complaints were discussed regularly at meetings for people who used the service. Where a complaint or concern had been made this had been documented and responded to in accordance with the complaints policy. This showed us people could be assured any concerns or complaints were taken seriously and acted upon.

## Is the service well-led?

### Our findings

The service had a registered manager. 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. The registered manager had notified CQC of notifiable events as required.

Both people who used the service and staff were positive about the registered manager. One person living at the home told us, "(The registered manager is) really nice, lovely, she's really caring and friendly, she listens to us and staff." Staff were positive about the support the registered manager provided. One member of staff told us, "She listens to you and respects you and I know I can trust her." Another member of staff described the registered manager as, "The fairest person I have ever met." Staff consistently described how they and the registered manager worked well as a team to ensure people's needs were met. The provider recognised and supported the diverse needs of the staff team. A significant number of staff spoke English as a second language and the provider had invested in an English teacher to build staff skill. Staff were paid to attend the course and the registered manager spoke of the positive impact this had on staff and people who used the service alike. The religious needs of staff were also accommodated, for instance by reducing the physical duties of staff who were fasting for religious reasons.

There were regular staff meetings in which staff discussed issues, concerns and the wellbeing of people who used the service. Staff had a good understanding of their roles and were aware of the whistle blowing policy. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. We observed an open and transparent culture in the service. We saw people access the office and the registered manager welcomed them and sat and spoke about any issues or requests they had.

Systems were in place for people to share their views of the service. There was a compliments book in the foyer of the home and there had been three very recent compliments. One relative had written, 'Thank you for all the care you have given to [relation]. I know [relation] is very happy and settled with you. It has made me thank god that there are so many kind and good people who dedicate their lives to looking after [people who use the service].' People who used the service were invited to attend regular meetings and annual satisfaction surveys for people who used the service and relatives were also conducted. Responses to the most recent survey had been very positive. Records showed that any suggestions for improvement had been acted upon.

The registered manager had systems and processes in place to monitor the quality and safety of the service and specific checks were completed on a regular basis including the safety of the environment, medicines management and care records. Accidents and incidents were recorded and monitored. Monthly reports were completed for each person as a method of reviewing people's progress. An operations manager employed by the provider conducted regular audits at the home. We saw these systems were effective in identifying and addressing issues.

