

Burleigh House Limited

Burleigh House

Inspection report

Leek Road
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Staffordshire
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27 April 2017

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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

The service was registered to provide accommodation and personal care for up to 15 people. At the time of our inspection on 27 April 2017 15 people were using the service. At the last inspection in November 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care because staff understood how to protect them from avoidable harm and abuse. People's medicines were managed safely to ensure they received their treatments at the right time and in the prescribed way. Staff's suitability to work with people was checked before they were able to work in the home.

The care and support that people received continued to effectively meet their needs. People were provided with choices and when necessary they were supported by staff with their decision making. People were able to choose the food and drinks they enjoyed and were supported to have a sociable mealtime. When necessary people were referred to other healthcare professionals and staff followed the guidance they were provided with.

People's experience of care remained good. Staff provided kind and compassionate care. People enjoyed the company of staff who protected their dignity and privacy. Relatives were welcomed into the home and supported to spend time with their relations.

Staff continued to respond to people's needs. People were supported to spend their time as they wanted and staff respected their choices. Staff asked people about information that was important to them to ensure they received care in the way they preferred. People were encouraged to raise concerns or complaints and felt empowered to do so.

The service remained well-led. People and staff were given opportunities to learn about changes in the home which might affect them and were asked to share their feedback. The quality and safety of the service was monitored regularly. The registered manager understood the responsibility of registration with us.

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?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 was a comprehensive inspection that was completed by one inspector on 27 April 2017 and was unannounced.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR) before our inspection. 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. However we offered the provider the opportunity to share information they felt relevant with us. We also reviewed other 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 spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with five people who used the service and three relatives. We also spoke with four members of staff including the deputy manager and the registered manager who was also the provider.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and recruitment records to ensure staff were suitable to work with people.

Is the service safe?

Our findings

People told us there were enough staff to support them when they needed it. One person said, "The staff work very hard and we don't have to wait for them". Staff told us they had recently recruited new staff, one member of staff said, "We've taken on some lovely new staff recently as we were short on nights". The provider told us, "The deputy manager knows they can bring in extra staff anytime they need to, people always come first". We saw there were recruitment processes in place to ensure staff were suitable to work with people in the home.

People told us they felt safe living at Burleigh House. One person said, "I came here because I wasn't safe at home and my family were worried. The staff have been lovely to me and they've looked after me. Sometimes I worry at night and they'll give me a little hug and speak nicely to me to help me settle". Staff recognised that people had risks associated with their care and support needs. For example when people required assistance from staff using equipment to move them, this had been risk assessed. We saw that staff followed the guidance provided to ensure the manoeuvre was completed safely. Staff spoke with knowledge about protecting people from abuse and understood how to report any concerns they had. One member of staff told us, "There are lots of different ways people might suffer from abuse. It's really important that you listen to people and take what they tell you seriously. I would report anything straightaway and have done referrals myself in the past. We have all the information we need to send the concerns".

People received their medicines when they needed them. Staff explained to people what they were taking and remained with them to ensure they had taken them. We heard staff checking if people were in pain or discomfort and offering pain relief medicines to them. One person told us, "The staff know what I'm taking and always give them to me. I don't need to worry". There was guidance provided for staff about the use of 'as and when required' medicines to ensure they understood when they should be given and maximum doses which could be administered safely. Staff received training in the administration of medicines and had their competency to continue doing so assessed regularly.

Is the service effective?

Our findings

People were supported to make decisions about their care. We heard staff offering choices to people about where they wanted to sit, spend their time and involved them in making choices about their clothing. When people were unable to make some decisions for themselves staff understood how to support them. One member of staff explained, "For some people here their capacity fluctuates so it's important we know as much as possible about them. If someone doesn't have the capacity to make any decisions we need to make sure everything we do is in their best interest". Staff recognised that people could not be restricted unless this was legally approved. The provider had made referrals for people to be assessed when they were concerned that their lack of capacity was impacting on their right to living without restrictions. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were supported to gain the skills and knowledge they needed to care for people effectively. One person told us, "They're trained, they've got to be, to look after us and they do that very well". A member of staff said, "I learnt a lot from the training I had on dementia. The illness can be very different for people. I've seen that a member of staff might remind a person of someone they've not been friendly with so it's important to try another face". New staff spent time during their induction being supported by experienced staff whilst they learnt about people and the routines in the home. Staff confirmed that they received opportunities to discuss their work and training needs during supervision sessions. One member of staff told us, "The registered manager tells us when our training is due and we can discuss anything that's worrying us in confidence". Staff recognised when people needed additional support to maintain their health and wellbeing. People involved specialist healthcare professionals whenever necessary and ensured people had medical assistance if there were concerns about their health.

People were provided with a choice of food and offered plentiful drinks throughout the day. One person told us, "I've had two choices for lunch. The food is very good, all home cooked". We heard staff encouraging people to have regular drinks and provided them with hot or cold choices to suit their preferences. We saw at lunchtime that staff sat with people to eat their meals together. A member of staff explained, "Some people need a bit of encouragement to eat. When we eat with them we can watch them and help them. Also it's more homely for people". People were provided with meals that met their appetite requirements and were offered second helpings if they wanted them. This demonstrated that people were provided with a pleasurable mealtime which met their needs.

Is the service caring?

Our findings

We received compliments and positive comments about the care people received and the staff who supported them from everyone we spoke with. One person told us, "The staff are fantastic. They do everything willingly, never a complaint from them whatever they have to do". Another person said, "We come first here. The staff look after us very nicely". A relative agreed and said, "The staff are beyond kind", whilst another said, "The care is fantastic, I've always felt my relation is in good hands, I've never doubted it". We saw and heard staff treating people with kindness and consideration. Staff took time to listen to people and provided reassuring gestures such as holding their hands or stroking their arms to provide reassurance. We heard staff and people laughing together. One person told us, "We have a laugh and a joke here. It's a nice atmosphere".

People's privacy and dignity was promoted. People chose where they wanted to sit or if they preferred to stay in their bedroom, this was respected. Staff noted when people's clothing needed adjusting to maintain their dignity. We heard one member of staff say, 'Better cover you up, there's men around" People were encouraged to maintain their independence. One person told us, "I'm getting quite frail now so the staff have started to help me more but still let me do what I can".

People were supported to maintain their relationships with family and friends. Visitors were welcomed by the staff who were familiar with them. We saw one relation was encouraged by staff to stay and eat with their family member. One relative told us, "They have been so kind to both of my relations, it has really helped [name of person] settle in".

Is the service responsive?

Our findings

People received care that met their individual needs. When people first moved into the home staff recorded information about their social history, family relationships, working life and interests. This enabled staff to learn about the person and what was important to them, their likes, dislikes and if they had any preferences for their care support. One person told us, "I think they know me as well as my family do". A member of staff said, "Everyone has their own thing. We sit with people, ask questions and chat about things they like". We heard staff conversing with people and demonstrating the knowledge and understanding they had about people. For example, staff knew what drinks people preferred and their favourite foods. Staff told us they shared information about people at the beginning of their shift and kept records of important information to update each other in their communication book. One member of staff told us, "We record concerns, messages, information about blood tests or appointments in the handover book. We look at the book before we start our shift to keep us up to date".

There were arrangements in place to support people to spend their leisure time. An activity co-ordinator was employed on a part time basis. People we spoke with told us how they liked to pass the day. One person said, "I like sitting by the window watching the birds in the garden. I've got a bird feeder by my bedroom window as well". Another person told us, "I enjoy the music and bingo when the activity staff come in. The rest of the time I'm happy sitting here chatting". Records were kept about the activities offered to people. We read that these included both one-to-one and group involvement including crafts, chair exercises, card games and reminisce to suit people's individual preferences.

There was a complaints process in place. One person told us, "If I had a complaint I'd speak to the owner, she's in charge. She listens to you and sorts everything out. She's a lovely lady". A relative agreed and said, "If I felt there was something amiss I'd say but I'm very happy with the care". We saw that people were provided with information about raising concerns and complaints internally or externally if required. The deputy manager said "No complaints had been received since our last inspection."

Is the service well-led?

Our findings

There was a registered manager in place who was also the provider. People and relatives we spoke with spoke highly of the provider. One person said, "Name of provider is really good. She runs the home well". A relative said, "People here are treated as individuals. The person at the top sets the standard for care". Staff told us they were well supported by the registered manager and the deputy manager. One member of staff said, "We're a good team. We can talk to the provider and deputy manager about anything. Everyone works together".

People and their relatives were asked for their opinion on the way the service was run and what improvements if any, they would like. We saw from the last satisfaction survey that people were happy with their care and did not feel anything more was required. One person had responded by writing, 'There isn't anything more I can think of'. There were also meetings within the home for both people and staff to be updated about changes and share their views. We saw that at the last meeting for people there had been a request for more oatcakes. We spoke with the person who had made the request who confirmed this had been implemented for them. A member of staff told us, "We have regular staff and management meetings. We can discuss any concerns we have and about the training coming up". This demonstrated that the provider encouraged people and staff to have a voice.

There were arrangements in place to monitor the service and ensure the environment remained safe and secure for people. Quality checks were in place to ensure medicines were managed effectively. Checks were made and regularly reviewed on the emergency procedures for fire and the safety of the equipment used in the home. The registered manager recognised the requirements of their role and had displayed the previous inspection report for people to read.