

Burdon Grange Care Home Limited

Burdon Grange Care Home

Inspection report

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Date of inspection visit:
04 December 2019
05 December 2019

Date of publication:
16 March 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Burdon Grange is a nursing home in one adapted building providing personal and nursing care to 31 people at the time of the inspection. The service can support up to 31 people.

People's experience of using this service and what we found

People, relatives and professionals gave consistently positive feedback about the care provided at Burdon Grange. Comments included: "I think this is an outstanding home. The care is fantastic. The staff are kind, caring and keep us safe. My health has improved since I moved here. The physio has really helped my back."

There was a strong, visible person-centred culture. This was evident from all staff within all roles. From care staff, domestic staff and management. The person-centred culture was embedded at all levels. A staff member commented: "It's about enriching people's lives."

People were truly respected and valued as individuals, with staff thinking 'outside of the box.' For example, one person suffered a close family bereavement and due to having such a proactive, compassionate and kind relationship with staff they felt able to talk to the registered manager and key worker. The service ensured the person received the right professional support to work through their grief.

Staff were exceptional at anticipating people's needs. We observed this throughout the inspection. For example, sensory stimulation is a very important part of the care provided to people living at Burdon Grange to aid their well-being.

Staff were highly motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and friendly. We saw people had developed strong relationships with staff, and it was evident that this was an important ethos of the service.

Staff created an inclusive, comfortable and safe environment where people were encouraged to overcome obstacles. Promoting people's independence through enhanced communication and technology was central to the service provided at Burdon Grange.

Staff had an excellent understanding of people's individual needs which protected their values and beliefs in a way the person wanted to receive care and support. The approach to care and support meant there was a multi-professional process which aimed at maintaining continuity, independence and autonomy for the person.

Professionals consistently praised the care provided at Burdon Grange. Comments included: "Management are proactive, there appears to be a strong focus on providing opportunities for individuals to partake in many different and varied activities."

The service supported people to learn new skills and maintain their independence. For example, adult education was introduced at Burdon Grange to compliment the external courses which are facilitated in local centres.

A number of extensive methods were used to assess the quality and safety of the service people received and continuous improvements were made in response to the findings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service provided safe care to people. One person commented: "I feel safe living here." Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burdon Grange Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Burdon Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Burdon Grange is a nursing home in one adapted building providing personal and nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people receiving a service and 11 members of staff. We spent time talking with people and observing the interactions between them and staff.

Some people living at the service were unable to communicate their experience of living at the home in detail with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

After the inspection

After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people. We received feedback from three professionals and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. One person commented: "I feel safe living here." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people were happy.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for falls management, medical conditions and eating and drinking. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Staffing and recruitment

- Staffing arrangements met people's needs. During the daytime there were two nurses supported by 10 to 12 care staff and at night there was one nurse supported by four care staff and a twilight. Staff confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in meaningful conversations. Unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place to ensure only staff who were suitable to work with people who may be vulnerable were employed.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in locked medicine trollies. The trollies were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- We found all areas of the home to be clean, fresh and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated when for example someone had a fall. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person commented: "The staff know how to do their jobs." A relative commented: "Staff are definitely well trained."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and equality and diversity. In addition, staff received training in topics specific to people's individual needs. For example, with regards to particular physical health conditions. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "Training and support has been fantastic, lots of courses. Did oral hygiene yesterday. I love learning new things."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented: "The registered manager is very supportive." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and various specialist clinicians. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 are helped 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting and nutritional intake. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person commented: "The food is lovely."
- People had their preferred meals documented, which also helped inform the menu. A staff member commented: "We know people's likes and dislikes. There are always alternatives."
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, a dietician.

Adapting service, design, decoration to meet people's needs

- Burdon Grange is set over two floors accessible by a lift. People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People, relatives and professionals gave consistently positive feedback about the care provided at Burdon Grange. Comments included: "I think this is an outstanding home. The care is fantastic. The staff are kind, caring and keep us safe. My health has improved since I moved here. The physio has really helped my back"; "It's fantastic here, first class"; "I was in Burdon Grange...and saw an incredible standard of staff both nursing and care staff. All were respectful, kind, reassuring and above all knowledgeable"; "The staff are an asset, they help provide a warm and friendly atmosphere, fantastic"; "Can't imagine anywhere else. Burdon Grange is just amazing" and "Extremely pleased. [Person's name] has come on leaps and bounds since being at Burdon Grange. You can see a difference in their well-being."
- There was a strong, visible person-centred culture, embedded at all levels. This was evident from all staff, within all roles. The service ensured staff focussed on building and maintaining open and honest relationships with people and their families, friends and other carers. This really helped to promote and ensure the service was person-centred. The service actively sought the thoughts, needs and preferences of people through conversation and a culture of pro-active transparency was able to match keyworkers with people of similar thoughts, beliefs and preferences. For example, a person spoke of their love of football. A keyworker was matched with this person who managed a local football team. The person was enabled to take part in the training regime, regularly watched football matches, helped fundraising and enjoyed reading the write ups in the local news. A staff member commented: "It's about enriching people's lives. I love it here. People lead such meaningful lives. However complex people's needs are, they all lead active lives. It's so homely here. I had never done care work before, I love it and it has opened up my eyes to future goals, such as nurse training."
- People were truly respected and valued as individuals, with staff thinking 'outside of the box.' For example, one person suffered a close family bereavement and due to having such a proactive, compassionate and kind relationship with staff they felt able to talk to the registered manager and key worker. Bereavement counselling was quickly sourced and visits to their extended family instigated. Following this, they were assisted to take part in mindfulness classes, so they gained strategies of emotional support, empowered to make and maintain them to make positive choices and maintain family contact in the way they chose. Another person, unable to verbalise, worked with the activities team to devise a bespoke sign language to enable them to express their views and wishes. They now were able to make their needs known in a way they could not have previously. They were now able to socially converse and take part in family gatherings in a much more animated way. This has aided their independence, maintained their dignity and empowered them to become a more confident and sociable individual.

- Staff were exceptional at anticipating people's needs. We observed this throughout the inspection. Sensory stimulation is a very important part of the care provided to people living at Burdon Grange to aid their well-being and was bespoke to each person. The home's occupational therapist told us about a person with very high muscle tone, who found it difficult to relax. A bespoke sensory programme was devised for them using lights, wave sounds, massage and various smells such as curry plant and herbs. As a result, it was evident that this impacted on them in a positive way with them smiling, sighing and their posture became a little more relaxed and enhance their quality of life.
- Staff were highly motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and friendly. People had developed strong relationships with staff, and it was evident that this was an important ethos of the service. Staff told us they spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home. This was evident throughout our inspection with the general conversations and banter which were observed. People and staff were joyfully putting up the Christmas decorations and singing Christmas songs.

Respecting and promoting people's privacy, dignity and independence

- Staff created an inclusive, comfortable and safe environment where people were encouraged to overcome difficulties. Staff ensured people's privacy and choices were supported and respected. Staff training, knowledge and empathetic nature meant they recognised maintaining people's dignity was essential to feeling valued, respected and genuinely cared for. One person felt unhappy about having a stoma and was struggling to come to terms with the situation. As a result, alongside specialist involvement, Burdon Grange created a waterproof bespoke stoma cover. This was created with the person's input, the colours of the material chosen by them and the stoma bag disguised in a way they were happy with to maintain their privacy and dignity.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. We observed staff sensitively supporting people throughout our inspection.
- Staff adopted a strong and visible personalised approach in how they worked with people. For example, staff spoke of the importance of empowering people to be involved in their day to day lives. People felt that their care was focussed on their individual needs. Staff treated people with dignity and respect when helping them with daily living tasks. A person commented: "The staff are very respectful of me and my decisions."
- Promoting people's independence through enhanced communication and technology was central to the service provided at Burdon Grange. The service believed in innovative ways to encourage independence and use technology in a positive way. One person with low dexterity spoke of their frustration at night having to call the staff to turn off their light. This was extensively explored by their key worker and the management team and assisted technology was implemented. It has proved extremely successful and, in the person's, own words, "given back their dignity and independence." This has been rolled out to others, assisting them with their lighting, TV, electrical sockets and music. Another person with assisted technology stated: "It's completely changed my life."
- The service's visions and values centred around the people they supported and were embedded in everyday practice. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a real sense of worth and value. Staff expressed a passion for providing high quality care. For example, staff had discovered that a person had a keen interest in photography. The person now proactively engaged in their hobby which had a hugely positive effect on their self-esteem as they had now set goals and plans to widen their skills through further education. Another person was taking a long time to eat resulting in some of their meals being eaten colder than they wanted. Staff researched options and as a result the provider purchased a bespoke warming plate to keep the food at an acceptable temperature. This had enabled the person to take time

eating and be able to enjoy their meals.

- Relatives and visiting health professionals told us, "I was very impressed with the inclusive, relaxed atmosphere and great approach to the residents. Incredibly friendly staff'; 'I saw an incredible standard of staff both nursing and care staff. All were respectful, kind, reassuring and above all knowledgeable' and 'I will never be able to thank you enough for giving [person's name] a good quality of life, taking her on lovely outings (sometimes letting me come too!) and sharing such wonderful experiences together. Burdon Grange has entered my heart in a way I didn't expect.'
- People were not discriminated against and were protected under the characteristics of the Equality Act were. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The provider's information return (PIR) stated: 'Our residents and staff are diverse, and we take pride in treating all as unique and highly valued. We have placed an understanding and expectation of equality, fairness, respect, dignity and autonomy at the heart of everything we do. We work hard to ensure that each of our residents and indeed staff are treated respectfully, insightfully and as unique individuals. Within our policies we have worked with the CQC regulations. We have increased our number from 30 to 31 residents to accommodate a married couple. We have worked with them to ensure their bedroom is set up in the way they chose and the way they feel is most appropriate for them to live their lives. This included promoting their privacy and dignity by using bathroom areas discretely and also facilitating their wish as requested to spend time together.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had an excellent understanding of people's individual needs which protected their values and beliefs in the way people wanted to receive care and support. The approach to care and support meant there was a multi-professional process which aimed at maintaining continuity, independence and autonomy for the person. Ensuring staff were knowledgeable and developed close relationships with people and families was important due to peoples' disabilities. The key worker role was strongly developed to promote fulfilled lives, new opportunities and achievements. The PIR stated: 'Our key worker system affords opportunity to discuss and evolve the care and support we offer to people.'
- Care plans were extremely detailed. Support centred on choice and promoting independence. Routines were very important for most people. Care was tailored to each individual, it was responsive, evolving and offered both flexibility and continuity. The service maintained this outstanding level of holistic care by providing appropriate equipment, promoting its effective use by an experienced staff team with their internal multi-professional team and their excellent relationship with a diverse external professionals and specialist teams. For example, one person who moved to Burdon Grange had previously been unmotivated and weight gain had become an additional problem. They required a full hoist for all transfers. With carefully planned input from the internal physiotherapist and occupational therapist and external health professionals, specialist equipment was purchased, and a physiotherapy programme devised. The person had made amazing progress and now stood upright using a stand aid, taking steps with parallel bars. This person now felt they could see a future where they could live back in the community independently. They said, "I was not able to walk. Now I use a stand aid and can move my arms. I am the happiest I have ever been."
- Professionals consistently praised the care provided at Burdon Grange. Comments included: "Management are proactive, there appears to be a strong focus on providing opportunities for individuals to partake in many different and varied activities" and "[Staff] manage one of my complex cases extremely well. The family situation is complex. They [staff] are always professional even when faced with confrontational situations and difficult conversations. They [staff] go above and beyond for this particular case and have a disproportionate number of professionals visiting and requesting their time and resources at the request of the relative. In fact, I do not know of any other homes in the area that would manage this case or would be willing to."
- Records referred to promoting people's independence, their diverse needs and inclusion within the local community. Choice was central to the care planning. Each care plan had details about how people responded to choices, what phrases they may use to indicate yes and no or body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to learn new skills and maintain their independence. For example, adult education classes were introduced to compliment the local external courses. An English and Maths teacher was employed by the service two days per week. For one person this had proved positive as they did not feel confident enough to enrol on a course outside of Burdon Grange. This person is now working on a tailor-made Maths and English programme. They were now able to seriously consider doing an external course with the aim of gaining work experience and meaningful employment. This was something they would not have considered without having gained the confidence within the internal adult education group.
- People were constantly encouraged and supported feel valued and engage in the local community. Each year people raised money for Children in Need by going out in groups to shopping centres wearing fancy dress exchanging sweets for donations. People owned this activity and were involved in planning the venues. One person said, "As a child I was given some money by Children in need. This time I want to give something back." Another person stated: "I love Children in Need week. I feel proud of myself every day." A staff member commented: "The guys did Children in Need, all dressed up and raised money. Donations for sweets. Absolutely amazing! The enthusiasm is amazing. The whole community coming together."
- People were encouraged to maintain personal relationships. A relative commented: "They (staff) are proactive in getting families involved." One couple had spoken to staff about the trouble they were previously having spending 'time together alone.' A person-centred plan was quickly completed with them and their family, which included things like time alone on the bed in the afternoon, time together on bean bags and in the sensory area and trips out together. The couple say they now feel "married again." They are also looking to renew their wedding vows.
- There was an extensive range of activities on offer to people, with a dedicated activities team, so that activities could happen throughout the week. Two drivers were employed so people could regularly go out in the local community. Activities included, trips to the theatre, cinema, bingo, quiz nights and karaoke and boat trips. One person with a progressive illness was finding the restrictions their deteriorating health put on them enjoying outings difficult. Staff found ways to overcome obstacles to enable the person to enjoy a favourite concert. The trip was risk assessed, a registered nurse provided and daily care adjusted around the journey. This enabled them to go to the concert, an experience for them and their family to rejoice in and share positive memories whilst they could.
- People were actively encouraged to share positive and enjoyable times with their friends and family. The PIR stated: 'We encourage relatives and friends to visit their loved ones at all times to suit their own situations. We also set up trips regularly to fit in with locations close to family members as well as individual trips to meet up with family members. We are also happy to drop our residents off with families around our trips if this helps or facilitates them to attend family functions or time [together]. Our residents are facilitated to communicate with their families as and when they choose. Some with conversation and texts on their mobiles independently, while other people may need physical support, sometimes two or three times a day. We are happy to support this as we are aware of the importance of maintaining that link with their family and friends in ways of their choosing.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We looked at how the provider complied with the Accessible Information Standard. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. The PIR stated: 'We work hard to meet the AIS. We identify residents and staff who may need help with communication initially through a pre-admission assessment

with professionals and family and friends and by meeting the individual, staff through interview and assessment. We plan how we could meet those needs to enable the person to live as fulfilled lives as possible. We are keen to break down any potential barriers and overcome problems we would always hope to have things in place to minimise any upset or disruption. We would look to professionals, seek specialist support and look in the media to try and source any relevant/ appropriate merchandise or ideas.'

- Care records contained clear communication plans explaining how people communicated. For example, 'Observe facial expressions, body movements and vocalisation.' The PIR stated: 'We work closely with the speech and language therapy team and are able to refer directly to them, this includes the community team and the hospital teams and specialists. We are also able to refer to and gain ongoing support and advice from the Bristol Communication team. Staff have been supported to understand communication aids and facilitate those residents to use them and enjoy the gains and advantages to their lives that these aids have given them.'

Improving care quality in response to complaints or concerns

- There were regular opportunities for people to raise issues, concerns and compliments. This was through on-going discussions with staff and members of the management team. People were made aware of the complaints process when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The registered manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs and wishes were met in a timely way. The PIR stated: 'With the support of the specialist teams and with our inbuilt empathy, understanding and person-centred holistic care planning we are able to ensure a comfortable, dignified and pain free death.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff praised the service and the registered manager. Comments included: "Management are proactive in seeking out training and ensure staff attend"; "The management team are amazing. (Relative's) transition to the home was handled with professionalism" and "I have frequent dealings with (registered manager) on a professional level. When I am in contact with Burdon Grange it is always a relief when speaking to (registered manager) as her knowledge, both of the social circumstances of her clients and her clinical knowledge, is outstanding and at a level which fills me with confidence."
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.
- The registered manager had notified CQC appropriately about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and suggestions were taken into account to improve the service. For example, surveys had been completed by people using the service, relatives and professionals. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. However, where suggestions had been made these had been implemented. For example, exploring further activities. The registered manager recognised the importance of ever improving the service

to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided. Staff praised the management team on how supportive they were.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and specialists. Regular reviews took place to ensure people's current and changing needs were being met.