Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Burnside Court

104-106 Torquay Road, Paignton, TQ3 2AA

Tel: 01803551342

Date of Inspection: 03 December 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	A B C Care Home Limited
Registered Manager	Miss Emma Hume
Overview of the service	Burnside Court is a residential home in Paignton, Devon providing accommodation and care for up to twenty six people. People living at the service are older people, most of whom have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Burnside Court had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2013 and talked with staff.

What people told us and what we found

We inspected Burnside Court to follow up on the inspection we carried out in October 2013. At that time we had found concerns over the way that the home kept the required records. We found they had not considered people's capacity to consent to care and treatment or record how they carried out care in people's best interests. We had also found that some of the care planning systems had not identified or given clear instructions to staff on how to manage behaviours that were challenging. Following the inspection the provider sent us an action plan to tell us about the changes they had made.

On this inspection we found that improvements had been made.

We saw that people's care plans had been re-written to include more information about the impact of dementia on each individual and the support they needed. We saw clearer guidance for staff on how to support people, including people in distress. Records and policies had all been updated and reviewed to reflect current practice. The home had also put in place a clearer process for recording decision making and what to do if the person lacked capacity to make decisions themselves. Senior staff had received training and taken advice from specialist practitioners with regard to the Mental Capacity Act 2005 (MCA).

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

At the last inspection of Burnside Court in October 2013 we found that the home had not acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people's rights to make decisions for themselves while they have the capacity to do so. When that capacity is lost the legislation ensures that people's best interests are protected. The provider sent us an action plan and told us what they had done to put this right.

On this inspection we looked to see what changes had been made. We saw that there had been improvements.

We saw that the manager and senior staff had undertaken assessments of people's capacity to consent to care and treatment. We saw that relatives or other supporters had been involved in decision making and approving care plans where people did not have the capacity to do so themselves. Individual MCA statements had been compiled for each person indicating whether they had the capacity to make decisions for themselves and how they would be able to communicate this.

We saw that where larger decisions were needed a specific assessment had been undertaken of the person's capacity to consent and a best interest decision had been made as a result. For example we saw that one person received medication covertly. An assessment had been completed to show that the person did not have the capacity to consent to this or understand why it was important that they took the medication. Discussions had been held with the GP and relative and a decision had been made that it was in the person's best interests to receive the medication. The relative had confirmed that they believed if the person had the capacity that was the decision they would have made.

We also saw that the home had gathered information on who people who lived at the home had nominated to act on their behalf while they still had capacity, and the limits of this. We saw for example copies of lasting power of attorney forms in people's files. Where

people had not arranged for this the manager had made arrangements to ensure that when new admissions came to the home this was discussed with their care manager to ensure the information was available. If the person had not made arrangements this would give the home manager the opportunity to discuss whether the person needed an independent mental capacity advocate for that person.

We saw that the manager and deputy manager had undertaken training in the deprivation of liberty safeguards since our last inspection. Six care workers had completed a training module on the Mental Capacity Act 2005 and others were in the process of doing so.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

On our last inspection in October 2013 we had found that the care plans we saw did not contain enough information to show us that people's needs were being assessed and met consistently. We had found that the plans were not complete and did not contain enough information about the support people needed or action the home was taking to reduce risks.

On this inspection we saw that improvements had been made.

We saw that the care plans had been re-written to take greater account of the impact of the person's dementia on their life and care needs. We saw that the provider had incorporated good practice and recognised tools to assist in the care planning process. These included for example recognised tools for assessing the risk of tissue damage due to pressure and an assessment tool for people with dementia who may be in pain. Where risks had been identified there were clear action plans in place to reduce the risk, for example by regular turning or nutritional supplementation.

We saw that each person had a new cognitive ability profile in their plan. This helped to identify people's retained strengths and communication. Increased information had also been provided on people's interests, social and personal biography and lifestyle choices. This helped care workers understand the person and their behaviour in the context of the life they had lived.

We saw that the plans had been reviewed and evaluated since they were written to reflect any changes. Additional records had been included to ensure that if people needed to go to hospital in an emergency information about their dementia and communication needs went with them. This included a 'pen picture' of the person and their needs.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

On our last inspection we had identified concerns over the way the home was maintaining the required records. We had found that policies and procedures were out of date, and care records had not always been completed appropriately.

On this inspection we found that improvements had been made.

We saw that new policies and procedures were in place. These had been updated by the home manager to demonstrate they were current and relevant to Burnside Court. We looked at the new complaints procedure and saw that it contained information on how and to whom concerns should be raised. This included agencies outside of the home's management structure.

We were told that discussions had been held with care workers over the use of language in professional records and that this had improved. We did not identify any concerns in the records we sampled. We saw that the home had access to a training module for care workers on record keeping which we were told they would ensure care workers completed in early 2014.

We saw that risk assessments had been undertaken of safe working practices and the environment of the home. We saw that these included for example risk assessments for infection control, and the use of bed rails for each person that used them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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